Missouri
State Board of Nursing Newsletter

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Message from the President

Aubrey F. Moncrief, CRNA
President MO Board of Nursing

Writing this article in September to be published in November is no easy feat. I want to convey information that will be beneficial and yet not old news. So I will start with information that is fresh as of our hearings held September 7, 8 and 9. The Board just finished a 3 day marathon completing over 50 hearings. This is the most I have seen in my 2 1/2 years on the Board. Because discipline is the largest volume the Board deals with, it's the most we talk about. I am convinced that the system used, although it may be slow, does work. An example of this played out more than once in our September hearings where the Board voted to not impose discipline.

If you are a nurse who has a complaint against your license and you know it to be untrue, do not run or hide, face the complaint and let the system work. The majority of the nurses in the state of Missouri work their whole careers without ever having a complaint against their license.

Life is hard and sometimes you feel alone in your daily grind to make ends meet, especially in these economic times. Just know you are never alone, stay involved in your nursing organizations, and seek help when you are down.

I want to make one last statement: I call for a challenge to every nurse to give back to your profession in some way. It can be by mentoring, serving on a committee, sitting on a board, or supporting an organization. Thank you and I look forward to your participation.

Be careful out there!

Executive Director's Report

Authored by Lori Scheidt, Executive Director

2011 Fiscal Year Statistics

The 2011 fiscal year for Missouri State government began July 1, 2010 and ended June 30, 2011.

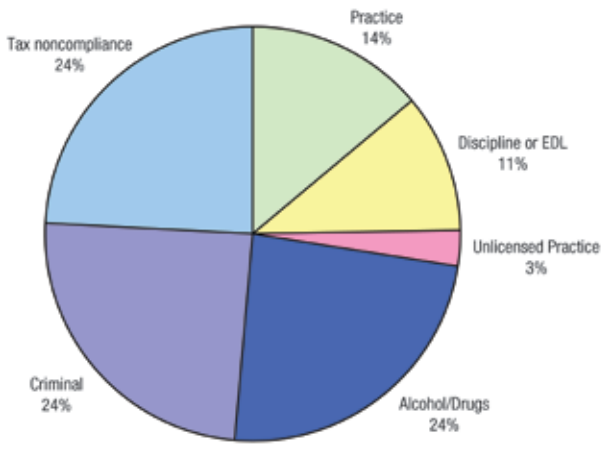
The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the Board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

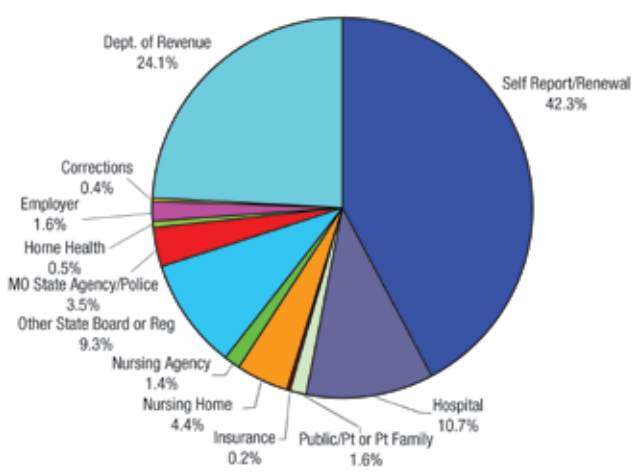
- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 2,505 Board decisions made in fiscal year 2011.

Complaint Categories FY 2011



Closed Complaints By Source FY 2011



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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Missouri State Board of Nursing Members–2011

Aubrey F. Moncrief, CRNA, Board President
Term: 4/6/2009–6/1/2012

Mr. Moncrief is a self-employed Nurse Anesthetist. He graduated from Lansing Community College in Lansing Michigan with an ADRN. He also has a BS in Physiology from Michigan State University, and a Diploma from South West Missouri School of Anesthesia in Springfield Missouri. He is a Retired Lt. Col in the Army Reserves with one tour of duty in Viet Nam and served in Operation Desert Storm.

Rhonda Shimmens, RN-C, BSN, MBA
Term: 4/15/2009–6/1/2012

Ms. Shimmens is the Manager of Outpatient Surgery and Pre-Admission Testing at St. Mary's Health Center in Jefferson City, MO. She received her Bachelor of Science in Nursing from Lincoln University, and Master of Business Administration in Health Management from William Woods University in Jefferson City, MO. Ms. Shimmens is certified in both Medical-Surgical Nursing, and Ambulatory Surgery.

Roxanne McDaniel, RN, PhD
Term: 10/9/2009–6/1/2013

Dr. McDaniel is currently the Associate Dean for Academic Affairs at the MU Sinclair School of Nursing. She received her BSN and MS from Creighton University and her PhD in Nursing from The University of Texas at Austin. She currently serves as the chair of the education committee.

Adrienne Anderson Fly, JD, Public Member
Term: 4/6/2009–6/1/11

Ms. Anderson Fly is the Public Member of the Board of Nursing. She was appointed to fill an unexpired term by Governor Nixon in April 2009. A graduate of Wellesley College and St. Louis University Law School, she most recently practiced law with the Office of Chief Disciplinary Counsel. Ms. Fly served as the Public Member of the Missouri Dental Board from 1993 to 1997, serving as its president in her final year. She lives in St. Louis.

Irene Coco, LPN, Secretary
Term: 3/31/2010–6/1/2012

Ms. Coco works for Swope Health Services in Kansas City MO and serves as the Assistant Director of Nursing. She received her Practical Nursing Diploma from Rapides Regional Technical School in Alexandria, La. She has been a nurse for 25+ years.

Ann Shelton, RN, MSN, PhD
Term: 6/1/2009–6/1/2013

Dr. Shelton is one of three nurse educators on the Board. She has been a nurse for 29 years receiving her ADN in 1982, her BSN in 2004, her MSN in 2005 and her PhD in 2009. Dr. Shelton has worked in numerous fields of nursing including as a staff nurse, in home health, in hospice care and in education.

Lisa Green, PhD(c), RN
Term: 3/18/2009–6/1/2012

Ms. Green received her Diploma in Nursing from Jewish School of Nursing in 1986, her BSN in 2004 from UMSL, her MSN in 2005 from UMSL and is currently working on her doctorate. She has worked as a staff nurse, in home care, as a research assistant and is currently a nursing educator.

Deborah Wagner, RN, Vice-President
Term: 4/15/2009–6/1/2010

Deborah Wagner received her RN diploma from St. Luke's Hospital School of Nursing in 1985. She is employed by SSM Rehabilitation Hospital in St. Louis as a staff RN. She works primarily with patients recovering from traumatic brain injuries & has been in practice as an RN for 26 years.

Two MSBN Executives Achieve Champion Status in Just Culture

Executive Director and Practice Administrator will now lead organization in treating nurses more justly

September 2011, Jefferson City, MO–Missouri State Board of Nursing Executive Director, Lori Scheidt, and Practice Administrator, Debra Funk, recently completed the much acclaimed Outcome Engineering Just Culture Certification Training. This certification enhances the Board's ability to protect the citizens of Missouri through a more effective and "just" enforcement of the state laws governing the safe practice of nursing.

MSBN has been an active participant in the statewide Missouri Just Culture Collaborative, which began in 2007. The collaborative, funded by the National Council of State Boards of Nursing (NCSBN) and approved by a local institutional review board, was formed to assist leaders from healthcare organizations in identifying and managing organizational systems and human issues that lead to medical error.

"The Board of Nursing is charged with protecting the public. More disciplinary actions does not equate to safer healthcare. We must understand the behavioral choices of the nurse and the system in which the nurse was working in order to make just decisions," Scheidt said.

As part of the journey to Just Culture Certification, Scheidt and Funk were tested on their knowledge and proficiency around the Just Culture concepts and the Just Culture Algorithm™, the tool used in evaluating events. Just Culture allows staff to be confident that human errors will not be punished, while holding everyone accountable for making the right choices and working within and improving healthcare systems. In order to receive Just Culture Certification, the two had to complete online training, pass a proficiency exam, and participate in a detailed verbal debrief with an Outcome Engineering consultant.

Certified Just Culture Champions are a valuable internal resource and provide specialist support in matters of justice and accountability. This makes them a catalyst for Just Culture change throughout an organization. Champions also gain membership into a community of professionals who have demonstrated in-depth Just Culture understanding, proficiency and competency in the Just Culture Algorithm™. Access to the Just Culture Community™ provides the Champions with ongoing resources and learning support tools to sustain their personal and professional development, as well as a forum for sharing of organizational experiences and Just Culture best practices.

"The Missouri State Board of Nursing directly and indirectly gleans the experience and expertise from other Just Culture Champions and their organizations. The purpose of these various organizations may be very different but in the end we all share the same goal, that of promoting the development of safer systems in which we work; where all employees, from the top of the organization to the bottom, are aware of and accountable for the choices that they make," Funk said.

Number of Nurses Currently Licensed in the State of Missouri

As of October 28, 2011

Profession	Number
Licensed Practical Nurse	25,257
Registered Professional Nurse	90,716
Total	**115,973**

Schedule of Board Meeting Dates through 2012

December 6-9, 2011
March 7-9, 2012
June 6-8, 2012
September 5-7, 2012
December 5-7, 2012

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

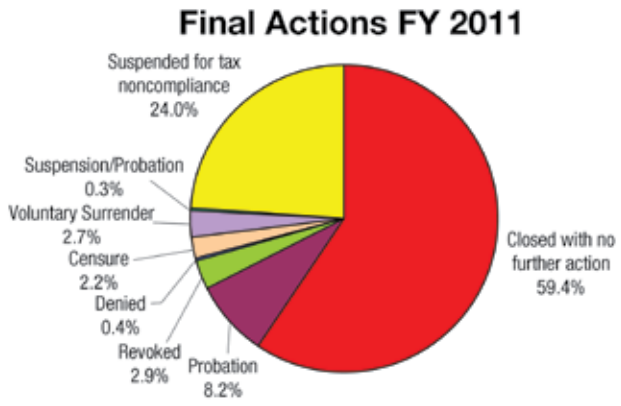
Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

Controlled Substance Prescriptive Authority to Begin!!

Letters were mailed to all eligible APRNs in October announcing the requirements and process for requesting controlled substance prescriptive authority from the Board of Nursing. Forms for Controlled Substance Prescriptive Authority will be accepted by the Board of Nursing beginning November 1, 2011. Please keep in mind that completing this process with the Board of Nursing is the first step, in a three-step process, that must be completed before an APRN may prescribe controlled substances. The APRN must also register with the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the federal Drug Enforcement Agency (DEA). For more information, go to our website, www.pr.mo.gov/nursing.asp and click on the notice on our homepage or "Advanced Practice" under the sub-navigation column. You may also contact the Practice section at the Board office at 573-751-0073.

Executive Director's Report continued from page 1

The next chart shows the actions taken by the Board for those complaints and application reviews.



Licenses Issued in Fiscal Year 2011

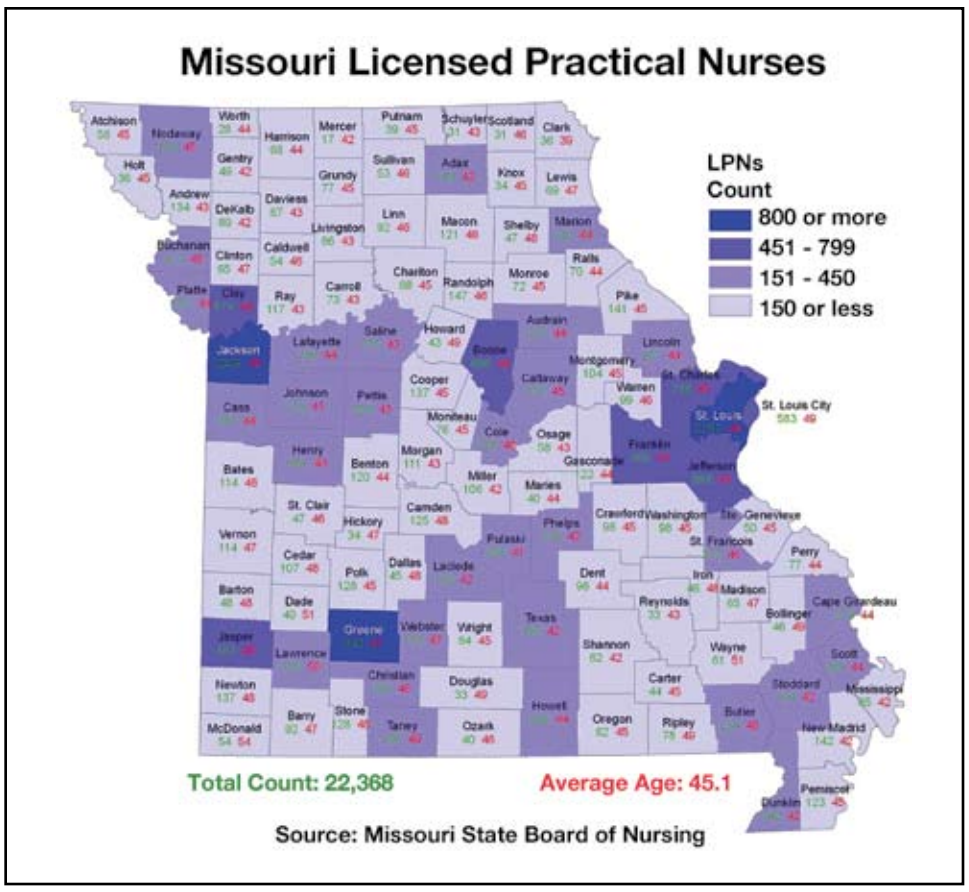
	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3614	1488
Licensure by Endorsement	1609	253
Licensure by Renewal of a Lapsed or Inactive License	880	652
Number of Nurses holding a current nursing license in Missouri as of 6/30/2011	88,168	24,188

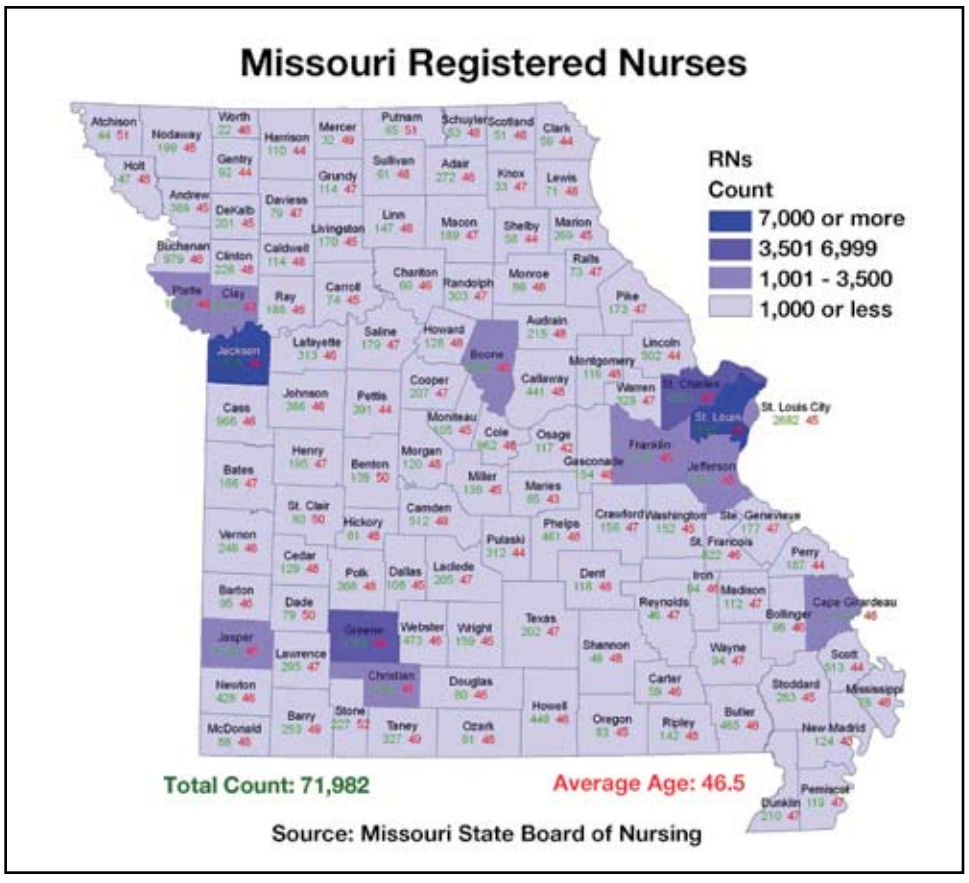
Licensure Database Information

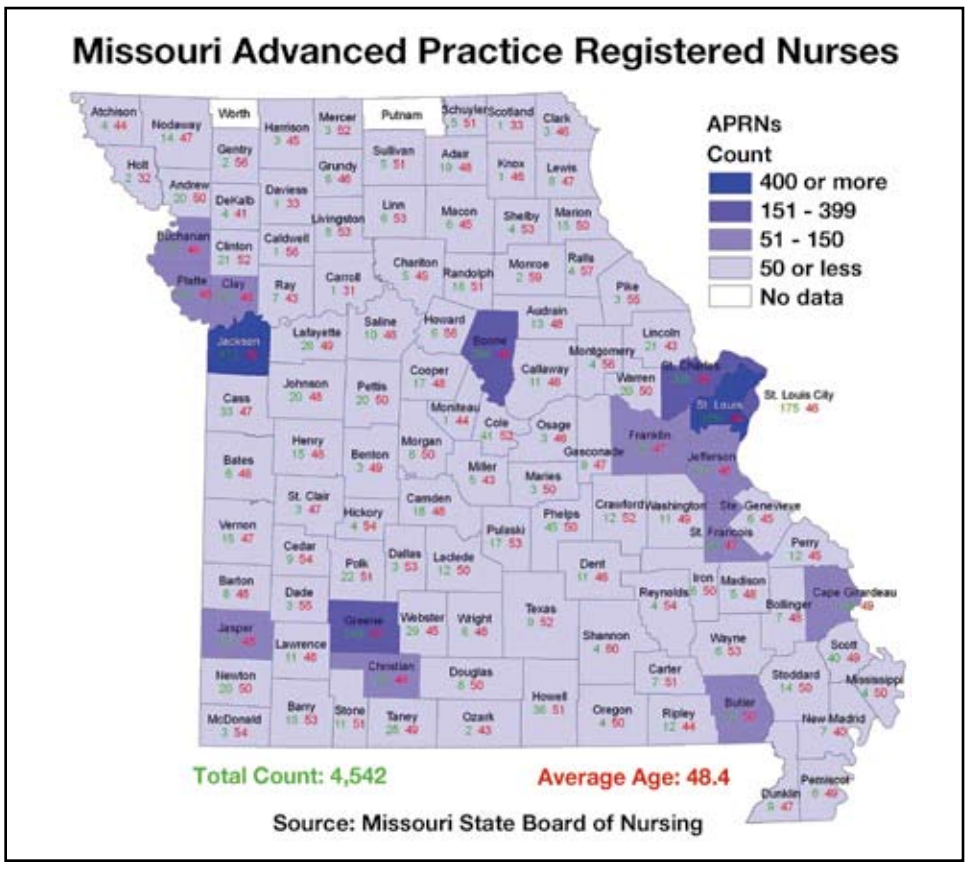
The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

Profession	*FY2004*	*FY2005*	*FY2006*	*FY2007*	*FY2008*	*Fy2009*	*FY2010*	*FY2011*
RN	45	46.12	46.28	46.35	46.62	46.6	47.1	46.5
LPN	44	45.13	45.36	45.00	45.32	45	45.7	45.1

The following three maps depict the average age by county and the number of nurses in each county that had a current Missouri nursing license and Missouri address as of July 1, 2011.







Education Report

Authored by Bibi Schultz, RN MSN, CNE
Education Administrator

Missouri State Board of Nursing (MSBN) Education Committee Members:

- Roxanne McDaniel, RN, PhD Chair
- Lisa Green, RN, PhD(c)
- Ann Shelton, RN, PhD
- Debra Wagner, RN
- Irene Coco-Bell, LPN

Advancement in Nursing Education

With shortages of health care providers in urban as well as rural areas of the state, projection of a steep increase in the nursing shortage for as early as 2015, as well as steady increase in patient acuity and complexity of health care environments, preparation and readiness of the nurse to provide safe and effective care to patients is as important as ever. Evidence related to direct correlation of educational preparedness of the nurse with patient outcomes cannot be ignored. Educational requirements for entrance into nursing practice have been major points of discussion for many years. Today, it is evident that significant change is necessary to continue to prepare the nursing profession to meet current and future challenges. Across the country, nursing associations, nurse educators and practice partners are working together to carve out new strategies to bring about this change. BSN (Baccalaureate of Science in Nursing) in Ten (ten years from graduation), the potential requirement for future nurses to complete BSN studies within a set time frame, continues to be a hot topic.

As many of you may know, the Institute of Medicine (IOM), in partnership with the Robert Wood Johnson Foundation, comprised a detailed report. The report indicates research conducted on a national level to determine proactive ways to better meet current and future health care needs in this country. The IOM published their findings along with a set of recommendations in the fall of 2010. The full report can be accessed free of charge at www.iom.edu. IOM recommendations relate to transformation of the nursing profession to meet future health care challenges. A recommendation for 80% of the nursing workforce to be prepared at the BSN level by the year 2020 is included. This recommendation is based on evidence which directly links improved patient outcomes to educational preparedness of the nurse [IOM, 2010]. As nurses, regardless of educational background, we should embrace the over arching responsibility to provide the best care possible to patients while following a path of life-long learning.

Several Missouri nursing associations, nurse educators from all levels of nursing education and clinical practice partners are currently working together to address issues specific to the preferred future of nursing in this state. Patient safety is on the forefront of concerns. Nursing education must be prepared to meet current and future needs of patients and nurses. Improvement of educational systems to help nurses continue their education through more seamless progression and therefore foster a culture of life-long learning has been identified as a major goal.

Missouri nursing programs as well as nursing schools across the country have embraced Licensed Practical Nurse (LPN) to Associate Degree in Nursing (ADN) education as well as Registered Nurse (RN) to BSN completion studies for many years. In many states, regulation of post-licensure degree completion programs does not fit within the authority of State Boards of Nursing. This is true for Missouri as well; authority to regulate nursing education is limited to pre-licensure programs, programs preparing students for initial licensure as a practical or professional nurse. Accreditation of post-licensure degree completion programs is offered through several national accrediting agencies. Nation-wide, the American Association of Colleges of Nursing (AACN) reported a total of 670 schools offering RN to BSN completion as well as 161 RN to Masters programs in 2009 [AACN, 2010].

A brief survey of 35 MSBN-approved ADN programs, conducted at the Board office in June of 2011, indicated that all of those programs offer test-out/advanced placement options for LPNs in various ways. An earlier survey of MSBN-approved ADN, Diploma and pre-licensure BSN programs, conducted at the Board office in February 2011, indicated that at least eighteen (18) MSBN-approved programs offer RN to BSN completion studies. At that time, enrollment of 1670 registered nurses within those programs was reported; survey data indicated 288 unfilled seats within traditional (face-to-face) and/or hybrid (part class-room, part on-line) options. Eight (8) programs reported unlimited seat availability within virtual completion options.

While many Missouri nursing programs work together to offer articulation between levels of nursing education, there is still a lot of work to be done to foster transferability of credits and to limit/eliminate unnecessary repetition of course work. Efforts are in progress to explore ways to foster much more seamless articulation across all levels of nursing education. While considering continuation of nursing education, nurses are encouraged to carefully assess educational opportunities available to them. Nursing course work is offered in a vast variety of ways by entities throughout the country. Many on-line options are available. Nurses should make sure that the completion program of choice is a good fit to meet their expectations, fosters optimal achievement of academic goals and is affordable for them. It is important to pay attention to accreditation standards/status before choosing a program.

After all, going back to school is an important decision and should be approached with the intent to gain advanced knowledge and skills to enhance care provided to Missouri citizens, to make care settings safer and to foster higher levels of personal and professional satisfaction of the nurse. Professional development within a culture of life-long learning is essential to a bright future and renewed direction for the profession of nursing. Degree completions at all levels of nursing education are major links in the chain of professional development necessary to foster patient safety and enhance outcomes in all settings of nursing practice.

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U.S. Department of Health and Human Services. Retrieved August 4th, 2011 from http://hpsafind.hrsa.gov/HPSASearch.aspx

Discipline Corner

Authored by Janet Wolken, MBA, RN
Discipline Administrator

Missouri State Board of Nursing
Discipline Committee Members:

- Aubrey Moncrief, RN, Chair
- Adrienne Anderson Fly, JD
- Ann Shelton, RN
- Rhonda Shimmens, RN
- Deborah Wagner, RN

Cross Addiction

The Missouri State Board of Nursing requires licensees to do urine drug screens when they are suspected of having a chemical dependency problem. These screens always include testing for Ethyl Glucuronide (EtG), a metabolite of alcohol. The licensees often question why they must abstain from alcohol when the drug they used was an opiate or marijuana. I explain to them that the Board is concerned about cross addiction. In a local newspaper I read an article titled *Addiction Transfer and Cross Addiction* by Angie Carter a certified substance abuse counselor Level II that I would like to share with you.

Addiction Transfer and Cross Addiction

Individuals who are addicted to a specific substance and are in remission from active use can sometimes find themselves manipulating another substance in order to achieve a desired effect. This is called addiction transfer or substitution. Some individuals quit using their 'drug of choice' and begin casually or sporadically taking some other mood or mind altering substance. For instance, their drug of choice may be marijuana and they never took pills. Once they stop using marijuana they may start to use and abuse pain medication, or vice versa. If they took pain meds and stopped, they may start to use marijuana.

I have worked with quite a few addicts who struggle with the concept of not drinking after they get clean because alcohol was not their drug of choice and they did not drink excessively. The danger in this thinking is that once these individuals begin to consume alcohol the first area of the brain that is affected is the decision making center. Once this part of the brain becomes anesthetized from alcohol the impulse to return to the primary substance once used may occur, therefore, it puts them at high risk. Drinking alcohol jeopardizes their recovery even if alcohol is not something that was initially problematic. Alcohol is a drug and can lead to relapse for the individual who has stopped using. The best policy is abstinence.

The term cross addiction or polysubstance dependence is when an individual uses three or more substances in a 12 month period and typically does not have a primary preference. For example, a person may use alcohol, marijuana and tranquilizers or cocaine, amphetamines and alcohol.

The following is a list of symptoms associated with substance dependence:

- Tolerance: using increased amounts to achieve desired effect
- Withdrawal: experiences withdrawal symptoms when they stop using
- Loss of control: uses more than they planned to use
- Inability to stop using: unsuccessful in cutting down or stopping
- Time: spends time obtaining, using, or being under the influence of the drug
- Interference with activities: gives up or reduces amount of time spent on recreational, social and/or occupational activities
- Harm to self: continued use despite physical or psychological problems caused by the drug

Three or more of these symptoms occurring in a 12 month period meets the criteria for dependence.

Addiction takes place in the reward center of the brain and the neurochemical that is primarily responsible for stimulating the chemical reaction that occurs is dopamine. Pleasurable behaviors or specific substances can release a surge of dopamine in certain individuals which creates a desired mood or effect. This is one of the reasons some individuals have a higher susceptibility to dependency. The activity or substance has to 'flip the switch' so to speak in order for the desired effect to occur. Once this happens, the urge to repeat the behavior or use the substance is very enticing and hard to resist.

I am in long term recovery from drugs and alcohol. I experienced cross addiction while in my active use, but I did have a primary substance which was alcohol. I actually used other substances in order to stay awake longer to use more alcohol. As time went on I felt a strong pull towards cocaine and other stimulants. Being clean and sober means I have stopped using all mood and mind altering substances once I got into recovery. I have struggled with other compulsive behaviors since getting sober though. Shopping, overeating and excessive working to name a few. I need to pay attention to any mood changing behavior that causes negative consequences in my major life areas. Left unchecked it can become problematic and create another dependency.

I use the same tools in dealing with these behaviors as I did with my substance abuse issues. Therapy, journaling, talking to someone, prayer and meditation are a few things I do to deal with compulsive behaviors. I also experienced a significant problem with family members and their addictions once I got sober. I attend a 12-step meeting in order to deal with the negative impact that it has on my life and how those dynamics can make my life unmanageable. We are fortunate to have such a variety of support groups in our community in order to deal with addiction, alcoholism, and the negative impact that dependencies have on family members.

Awareness and education about addiction transfer and cross addiction will help individuals who are newly clean and sober realize the risks involved. Potential relapses can be averted by understanding that addictive thinking may try to lead an individual into using a "less favorable" substance and that it would be alright. Working a recovery program can lead to a life of freedom from the binding chains of addictive substances and behaviors.

Reprinted with permission of author *Angie Carter is a certified substance abuse counselor Level II and is a substance abuse counselor in private practice. She can be reached at 573-634-2254*

Board of Nursing E-Alerts– Disciplinary Actions

You can now subscribe to Board of Nursing E-Alerts. Every Monday we will send you an email with an Excel file that contains the names, license numbers and professions of any nurse whose license has been disciplined by the Board of Nursing the preceding week.

Discipline may include license revocations, suspensions, probations or other actions.

You can then go to www.nursys.com to see the details of the discipline including the Board's order.

To subscribe to the e-alerts, send your name and email address to Lori Scheidt at lori.scheidt@pr.mo.gov

Missouri Selected as an Action Coalition

Authored by Krista Lepper
Missouri Nurses Association

Missouri has been selected as an Action Coalition by the Future of Nursing: *Campaign for Action*. The *Campaign for Action* is a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation to implement solutions to the challenges facing the nursing profession and to build upon nurse-based approaches to improving quality and transforming the way Americans receive health care. To turn growing momentum and nationwide interest in the health care workforce into action, the Action Coalitions have been tasked with advancing key issues at the local, state and national levels.

The Missouri Action Coalition, which includes co-leads Missouri Nurses Association, Missouri League for Nursing, and Missouri Health Advocacy Alliance, will work with *Campaign for Action* to implement the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health.* The *Campaign for Action* is working to:

- Strengthen nurse education and training;
- Enable nurses to practice to the full extent of their education and training;
- Advance interprofessional collaboration to ensure coordinated and improved patient care;
- Expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms, and during policy debates; and
- Improve health care workforce data collection to better assess and project workforce requirements.

We cannot do this alone. The Missouri Action Coalition is seeking the support and active engagement of a wide range of health care providers; consumer advocates; policy-makers and the business, academic, and philanthropic communities. Together, we can create a health care system that provides seamless, accessible, affordable, and equitable quality care for every American. In fact, it is only in working together that we can fully success.

Your participation will help Missouri build momentum in accomplishing the broad changes in health care that the *Campaign for Action* envisions. Pledge your commitment today! Visit the Missouri Nurses Association website at www.missourinurses.org and click on the "Action Coalition–Teamwork Summit" tab under "What's New."

Reminder for APRNs

There is no renewal application or fee required by the Board for maintenance of a Document of Recognition. The APRN must maintain an active RN license in Missouri or another compact state and certification by a nationally recognized certifying body approved by the Board. It is the APRN's responsibility to notify the Board of Nursing of each re-certification with their certifying body. Even if an APRN has requested that the certifying body notify the Board, he/she should check with the Board office that this notification was received. If the RN license lapses and/or the certification lapses, the Document of Recognition will automatically lapse. At this point, the APRN is no longer recognized by the Board to practice in the State of Missouri. Practicing without recognition by the Board may result in discipline by the Board and charges of fraud by third party payers. For more information or questions, please contact the Practice Section at the Board office, 573-751-0073.

NCSBN Award Ceremony Honors Outstanding Nurse Regulators

Chicago–The National Council of State Boards of Nursing (NCSBN) recognized its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, held in Indianapolis Aug. 3-5, 2011.

Specific award recipients include:

Kathy Malloch, PhD, MBA, RN, FAAN, board vice president, Arizona State Board of Nursing, was honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

Julia George, MSN, RN, FRE, executive director, North Carolina Board of Nursing, received the Meritorious Service Award, which is presented to a board or staff member of a member board for positive impact and significant contributions to the purposes of NCSBN.

Lisa Klenke, MBA, RN, past president, Ohio Board of Nursing, received the Exceptional Leadership Award, which is bestowed to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

Judith Personett, EdD, RN, CNAA, board member, Washington State Nursing Care Quality Assurance Commission, and **Mary Beth Thomas, PhD, RN**, board staff, Texas Board of Nursing, each received the Exceptional Contribution Award, which is given for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Virginia Board of Nursing** was awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

In addition, service awards were given to the following executive officers of boards of nursing:

Five Years

Joan K. Bainer, MN, RN, NE, BC, administrator, South Carolina State Board of Nursing.

Michele Bromberg, MSN, APN, BC, nursing act coordinator, Illinois Board of Nursing.

Diane Ruan-Viville, MA, RN, executive director, Virgin Islands Board of Nurse Licensure.

10 Years

Lanette Anderson, JD, MSN, RN, executive director, West Virginia State Board of Examiners for Licensed Practical Nurses.

Lori Scheidt, executive director, Missouri State Board of Nursing.

Lori Scheidt with Myra Broadway, NCSBN

15 Years

Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing

The following boards of nursing are celebrating **100 years** of nursing regulation in 2011:

Idaho Board of Nursing
Oregon State Board of Nursing
Tennessee State Board of Nursing
Vermont State Board of Nursing

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories–American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

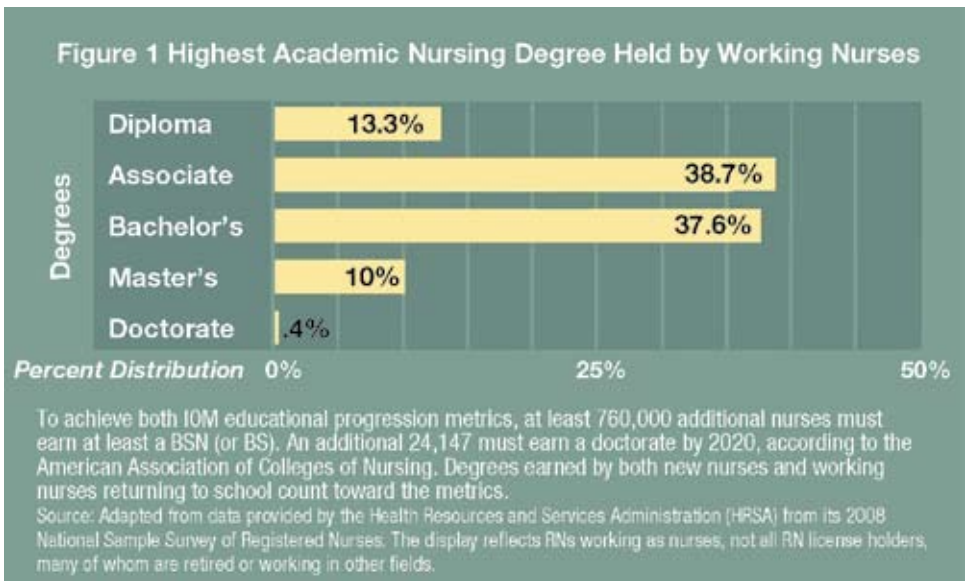
The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Charting Nursing's Future

Reports on Policies That Can Transform Patient Care
A Publication of the Robert Wood Johnson Foundation

Implementing the IOM *Future of Nursing* Report–Part I:
How to Dramatically Increase the Formal Education of America's Nursing Workforce by 2020

In October 2010, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) jointly released *The Future of Nursing: Leading Change, Advancing Health,* calling it a blueprint for transforming the American health system by strengthening nursing care and better preparing nurses to help lead reform. This issue begins a four-part miniseries on the report, digesting its educational progression recommendations and offering an early look at how key players are responding. The report calls for increasing the percentage of nurses holding the bachelor of science in nursing (BSN) degree or higher to 80 and for doubling doctorates by 2020. This will require fundamental changes: new competency-based curricula; seamless educational progression; more funding for accelerated programs, educational capacity building, and student diversity; and stronger employer incentives to spur progression.



To achieve both IOM educational progression metrics, at least 760,000 additional nurses must earn at least a BSN (or BS). An additional 24,147 must earn a doctorate by 2020, according to the American Association of Colleges of Nursing. Degrees earned by both new nurses and working nurses returning to school count toward the metrics.

Source: Adapted from data provided by the Health Resources and Services Administration (HRSA) from its 2008 National Sample Survey of Registered Nurses. The display reflects RNs working as nurses, not all RN license holders, many of whom are retired or working in other fields.

The Value of Accelerated Programs

The nursing student pictured on the right checking the heart sounds of a young patient is enrolled with scholarship support in New Careers in Nursing, an accelerated second-degree BSN and master's of science in nursing (MSN) program funded by RWJF and administered by the American Association of Colleges of Nursing (AACN). For more, see "New Careers," page 5.

Second-degree accelerated programs are a gift to nursing, say experts, because they are attracting students with mature professional goals and rich backgrounds from other disciplines as well as sharply reducing time spent in school. They are also enrolling more men than many conventional nursing programs and thus are helping to overcome the significant underrepresentation of men in nursing.

The IOM report calls on public and private funders to increase funding for expedited degree programs to help raise current workforce educational levels (see Figure 1) significantly by 2020.

Photo: Texas Tech University Health Science Center

A Call to Concerted Action

The *Future of Nursing: Leading Change, Advancing Health* (October 2010), is animated by the most positive of visions: health care for all Americans that is patient centered, high quality, seamless, and affordable.

The vision also anticipates the enormous challenges ahead for health care: expanding demand for care, older and sicker patients, more complex technology, new health care settings and team configurations–all emerging as the country struggles to address serious nurse and nurse faculty shortages and implement the Affordable Care Act.

At the center of the vision is a nursing workforce that will be better educated and more ready to take on new roles as care providers and leaders in health reform. To make this vision a reality, the report and its diverse and prestigious leadership call on all nurses, as well as other health care stakeholders, to set aside divisive debates and begin a decade of concerted action to increase the formal education of America's nurses.

"We must all stand together as a profession to make health care better, not quibble about whether the ADN or the BSN degree is better. Both have value," says Susan B. Hassmiller, RN, PhD, FAAN, who led the study that preceded the report and who now heads up The Future of Nursing: *Campaign for Action*, an emerging group of state Action Coalitions and other key stakeholders working to implement the report's recommendations. "To address future health care needs, we must accelerate educational progression, using all the tools we have, and we must reach out to partners in other sectors to help us achieve this goal."

This inclusiveness is echoed by others close to the report's development. They imagine success on progression as driven by diverse and mutually respectful partners and are confident that patients, nurses, and aspiring nurses in all demographic groups will benefit.

"Educational progression does not disenfranchise anyone," says IOM Future of Nursing committee vice chair Linda Burnes Bolton, DrPh, RN, FAAN, vice president and chief nursing officer, Cedars-Sinai Medical Center. "It's about inclusivity. All nurses must continue to learn."

Decades of work by major nursing associations inform the report's educational progression aims, which are framed by a theme–achieving higher levels of education through improved and seamless academic pathways–and by two ambitious goals: increasing the percentage of nurses with the BSN or higher to 80 percent and doubling the number of nurses with doctorates by 2020. Nine implementing recommendations and related key players define the road to success (see "IOM Recommendations," below).

The following pages offer a range of strategies for achieving the recommendations, drawn from the report and from interviews with key players. Issues 17 through 19 of the *Charting Nursing's Future* (CNF) series will explore the report's interdisciplinary collaboration, primary care, and scope of practice themes.

For More Information

- Visit www.nap.edu (click "Health and Medicine") for an IOM report.
- Visit www.thefutureofnursing.org/IOM-Report for more on The Future of Nursing: *Campaign for Action.*

IOM Educational Progression Recommendations at a Glance

Overarching Theme:
Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progrssion.

Undergraduate Education Metric: Increase the percentage of nurses holding the BSN degree or higher to 80 percent by 2020.*

Needed Actions and *Key Players:*

- Require seamless academic pathways beyond articulation agreements. *Accreditors: Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission* (NLNAC; see pp. 3-4).†
- Enhance employer incentives to drive BSN attainment within five years of graduation. *Health care organizations* (see pp. 4-5).
- Expand BSN educational capacity and student diversity. *Private and public funders* (see pp. 4-6).
- Increase funding for students pursuing second-degree

"What's important here is that we are educating nurses better for wider responsibilites."

Donna Shalala, Chair, IOM Future of Nursing Committee, and President, University of Miami, Coral Gables, Florida.

"We must all stand together as a profession to make health care better–not quibble about whether the ADN or the BSN degree is better. Both have value. To address future health care needs, we must accelerate educational progression, using all the tools we have, and we must reach out to partners in other sectors to help us achieve this goal."

Susan B. Hassmiller, RN, PhD, FAAN, Senior Advisor for Nursing, RWJF, and Director, The Future of Nursing: *Campaign for Action.*

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programs. *Federal agencies such as the U.S. Secretary of Education and HRSA* (see pp. 1 and 5).
- Design and implement curricula promoting interprofessional collaboration. *Health professional schools* (see CNF 17, forthcoming in the fall of 2011).
- Enhance the diversity of nursing students. *Nursing education leaders, health care organizations, and schools* (see p. 6).

Graduate Education Metric: Double the number of nurses with doctorates by 2020.

Needed Actions and *Key Players:*
- Monitor schools of nursing to ensure a 10 percent increase in the number of BSN graduates entering graduate programs within five years. *Accreditors: CCNE and NLNAC* (see p. 7).
- Expand funding for accelerated graduate programs and student diversity. *HRSA, Department of Labor, and other funders* (see p. 7).
- Create market-competitive compensation packages for nursing faculty. *Academic administrators and university trustees* (see p. 8).

*The Future of Nursing: *Campaign for Action* will measure the percentage of nurses with both nursing and nonnursing degrees for both the IOM educational progression metrics.

†Staff from the CCNE and others advise that the CCNE cannot require nursing programs nationally to develop articulation agreements or other academic pathways, but would certainly evaluate whether such programs are meeting stated goals.

How to Achieve "80 by '20"

Leaders of major nursing organizations and other important players interviewed for this issue describe the IOM recommendations as "validating" and "energizing." Most are now engaged in strategic planning to help implement the recommendations.

They regard "80 by '20" as a compelling goal but acknowledge its huge challenges: educating at least 760,000 additional nurses to the BSN level or higher, achieving fundamental shifts in education and practice, and speaking with one voice about the importance of progression.

Yet there is optimism and a will to experiment. "The report has encouraged people to think creatively," says Pamela Thompson, MS, RN, CENP, FAAN, CEO, American Organization of Nurse Executives (AONE). "The field is developing a variety of strategies to get to the BSN goal. Because the report isn't prescriptive about methods, it has a high probability of success."

Create Seamless Pathways

Replicate the Oregon Consortium for Nursing Education (OCNE). There is great interest in spreading versions of the OCNE model, which includes eight community colleges and the five campuses of the Oregon Health & Science University (OHSU). OCNE is the first fully integrated consortium program that enables students to progress seamlessly from the ADN through the BSN with a common curriculum driven by a single set of competencies designed to prepare the "new nurse." The model coadmits students and offers portable financial aid, shared institutional resources, and significant clinical education innovations.

"OCNE is one of the most promising models we have for increasing the numbers of students moving quickly from the ADN to the BSN," says Brenda Cleary, PhD, RN, FAAN, past director, the Center to Champion Nursing in America).

The National League for Nursing (NLN) has created the LEAD program to train faculty in how to build transformative educational changes like OCNE. "You need faculty development to deliver competency based models–skills in motivating and working with others," says Bev Malone, PhD, RN, FAAN, NLN's CEO.

"There is a big hole there, and we want to fill it."

Emerging Action Coalitions in Florida and Texas are taking initial steps toward seamlessness by strengthening articulation agreements. The Texas coalition will also standardize BSN prerequisites and develop coadmission policies.

Fully Utilize BSN Completion Programs. The nation's 633 RN-to-BSN programs have seen a 21 percent enrollment increase recently but still have unused capacity (AACN); stronger employer incentives could spur utilization by working nurses.

Promote RN-to-MSN Programs. "A BSN completion program isn't the final destination for everyone," says Kristen Swanson, PhD, RN, FAAN, dean and Alumni Distinguished Professor, University of North Carolina Chapel Hill (UNC-CH) School of Nursing. "Some ADN-prepared nurses return to school wanting to move into leadership, teaching, advanced practice, or research roles." UNCCH's RN-to-MSN program prepares students for all these roles.

Admitted as graduate students, nurses first take three online BSN competency bridge courses and then move to an on-campus master's degree curriculum with a wide variety of concentrations. Students can complete the program in two years, although many take longer because of work and family commitments.

The IOM report, many nurse education leaders, as well as Roxanne Fulcher, director, health professions policy, American Association of Community Colleges (AACC), argue that RN-to-MSN programs merit much more attention and support.

Advance Expedited Licensed Vocational Nurse (LVN) Education. For Texas, a state with exceptionally high numbers of LVNs, a model accelerated LVN-to RN program has made good sense and has, in fact, inspired 40 percent of recent graduates to pursue the BSN. Initially funded as a pilot by the Texas Higher Education Coordinating Board, the program is now a partnership between Angelo State University and 15 hospitals, many in rural areas.

Hospitals handpick LVNs for participation, pay their tuition, allow release time, and serve as clinical sites. The university uses NLN competencies to offer credit to those who test out of required specialty courses, and then supports them as they complete a 21-week intensive curriculum with clinical and online didactic components. National Council Licensure Examination pass rates are now at 95 percent.

Enhance Employer Incentives

"We must make returning to school a probability for working nurses with ADNs," says Liana Orsolini-Hain, RN, PhD, nursing instructor, City College of San Francisco, member, IOM committee, and RWJF Health Policy Fellow. Without more widespread employer educational requirements and supports, "80 by '20" cannot be achieved. Since 83.3 percent of new nurses work in hospitals, the willingness of chief nursing officers to take a stand on progression will be pivotal (see "A Model Employer," p. 5).

The Magnet Recognition Program has been a national leader in promoting educational progression. A task force appointed by the program is now considering whether to embed the "80 by '20" metric in Magnet accreditation standards, says Karen Drenkard, PhD, RN, NEA-BC, FAAN, executive director, American Nurses Credentialing Center. A decision to do so would raise the current progression bar in 400 hospitals nationwide.

Fund BSN Capacity Expansion

Grow University BSN Programs. A dramatic increase in baccalaureate enrollment is needed, yet lack of faculty, clinical placements, and other resources have caused BSN programs to reject tens of thousands of qualified applications annually since 2004. Reversing this trend will require more public and private funding for faculty hiring, student scholarships and loans, new clinical partnerships, and resource-extending technologies such as simulation.

"We cannot, however, simply expand what's there," says Kathleen Potempa, AACN president. "We must think differently and let educational redesign take us where we have never dared to go." A joint AACN-AONE task force is developing recommendations to bring the academic and practice worlds much closer, driving excellence in classroom and clinical education, says Potempa.

Expand the Availability of Community College BSN Programs. Could Florida's 14 community college BSN programs be models for the nation? Some nurse leaders are suggesting that the geographic reach, moderate costs, diverse student bodies, and huge infrastructure of the country's community college system could make it a major producer of BSNs, with sufficient federal incentive money.* Although baccalaureate degrees make up only 1.5 percent of the Florida College System's educational output, says Willis N. Holcombe, PhD, the system's chancellor, they are expected to grow in the next decade.

A proponent of educational progression, Holcombe's message to ADN graduates is, "Congratulations, you are in the profession now but start climbing the educational ladder." We need to give nurses opportunities for more education while working and get more of them to take the next step."

Up Accelerated Program Funding

Emulate New Careers in Nursing (NCIN). Funded by RWJF and administered by the AACN, NCIN allows students from underserved or economically disadvantaged groups to pursue accelerated second-degree BSN or MSN degrees. When the current funding cycle ends, the program will have produced 2,200 new nurses from 108 participating schools with an investment of more than $23 million. Graduates are 38 percent male and 61 percent people of color. Because a majority of graduates want to continue their educations, AACN is developing a plan to facilitate their educational progression through doctoral degrees, says Vernell DeWitty, PhD, RN, NCIN's National Program deputy director.

Replicate Michigan's Second-Degree Programs. Former Michigan governor Jennifer M. Granholm committed $30 million to accelerated second-degree programs and scholarships, which together created 4,000 new nurses, 3,000 new clinical placements, and 277 new clinical instructors (2005–2010).

How to Double Doctorates by 2020

More doctorally prepared nurses are desperately needed to address projected nurse faculty and primary care shortages, to advance nursing science, and to assume leadership roles of all kinds, says Michael Bleich, PhD, RN, FAAN, dean and Dr. Carol A. Lindeman Distinguished Professor, OHSU, and member, IOM committee.

The rapid rise in DNP enrollments since 2003, together with the growth in PhD enrollments, puts the goal of doubling doctorates by 2020 well within reach, says Geraldine "Polly" Bednash, PhD, RN, FAAN, CEO, AACN (for more, see Figure 2).

Figure 2 Trends in PhD and DNP Program Enrollments (2003-2010)

Both DNP and PhD enrollments are rising. Experts warn, however, that PhD enrollments will have to grow more significantly to ensure an adequate supply of nurse scientists and faculty in the future. Nursing PhDs and DNPs, as well as PhDs in nursing-related areas, count toward the doctorate metric.
Source: The chart was developed with data collected by the AACN.

"The growth in DNP enrollments is impressive, and these graduates will play very important roles in American health care," says RWJF's Hassmiller. "We must, however, increase PhD enrollment growth to prepare more nurse leaders for faculty roles and to advance science and discovery."

To achieve the IOM doctoral metric, more nurses must begin doctoral studies early in their careers, doctoral programs must be expedited without loss of quality, scholarship and loan support must be increased, and faculty compensation packages must become more market competitive.

Increase Graduate Admissions

Mentoring and Motivating Students: The University of Florida Honors Program. Faculty mentorship is one key to early identification of talented undergraduates, helping them define career goals and pursue doctoral studies without undue delay, says Kathleen Ann Long, RN, PhD, FAAN, dean of the University of Florida's College of Nursing. The college's honors program, one of the oldest in the country,

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links individual students with a faculty member for joint work on a research or leadership project. Students also complete a paper and do a formal presentation on the project.

"For many, this is the turning point in deciding to pursue graduate studies and a faculty role," says Long. The school's expectations of students also motivate further study. "We tell them, 'Yes, it's important to be clinically competent, but that's not enough. We expect you to be leaders in changing the current health care system."

Many students are heeding the call. A quarter of undergraduate nursing students enter the honors program, and of those, 50 percent pursue graduate studies within a year or two, and more than 70 percent go on within three years.

Up Accelerated Program Funding

Incentivizing Early Recruitment and Revised Curricula: The Hillman Scholars Program in Nursing Innovation. Scholarship support and expedited programs are also needed to speed the journey to and through doctoral studies.

"Two years ago we saw the need to help cultivate a younger generation of nurse scientists, leaders, and innovators capable of influencing the redesign of health care," says Ahrin Mishan, executive director, Rita and Alex Hillman Foundation. In response, the foundation will fund a streamlined BSN-to-PhD program targeting students early in their careers. Although the program is focused on research, clinical experiences will be embedded throughout, as will exposure to interdisciplinary perspectives, innovation, and health policy "to prepare students as effective change agents capable of transforming the delivery of care," says Mishan.

The first of at least three iterations of the program begins in the fall of 2011 at the University of Pennsylvania School of Nursing, with a renewable, five-year $3,000,000 grant. Two additional universities will admit their first cohorts in 2012. Once fully operational, the overall program will support 90 Hillman Scholars and graduate 18 doctorally prepared nurses per year.

The Foundation program provides scholarships for a portion of basic nursing education and, with the aid of university matching funds, guarantees support for three years of full-time doctoral study.

"We want beginning nursing students to appreciate the power of nursing innovation to affect lives on a grand scale through the redesign of whole systems," says Mishan. "We are asking schools to alter the status quo–to rethink their curricula."

The John A. Hartford Foundation, Gordon and Betty Moore Foundation, Jonas Center for Nursing Excellence, and other private foundations are also actively advancing IOM goals.

Replicate the Michigan Nursing Corps. Former governor Jennifer M. Granholm established the Michigan Nursing Corps to educate more clinical and classroom faculty (with $6.8 million between 2008 and 2010). Participants receive tuition and stipends in exchange for signed agreements to teach in Michigan nursing programs.

"My wife, Mary, is a nurse. Her perspective has given me a deep understanding of the critical role nurses play in our health care system and the daily challenges they face. To support the nurses that each of us depends on, we must improve access to affordable education opportunities for first-time nursing students and working nurses returning to school."

U.S. Senator Jeff Merkley, D-Oregon, Co-Chair, Senate Nursing Causcus.

Improve Faculty Compensation

Win Legislative Funding. Merely increasing nursing doctorates will not guarantee more nursing faculty unless compensation packages are made more market competitive. Diverse state-level partnerships that include business representation can develop enough clout to win big legislative appropriations.

The Texas Workforce Shortage Coalition garnered a $49.7 million nursing education appropriation from the Texas legislature that contained flexible funding to boost faculty hiring and expand capacity in other ways (2010–2011 biennium).

In Virginia, a "kitchen cabinet" of advocates helped convince the legislature to fund a 10 percent raise for all nursing faculty in public colleges and universities that has helped to create a 50 percent increase in nursing graduates since 2005.

Develop Practice Plans. Some schools of nursing, particularly those on health science campuses, have developed faculty practice plans that generate substantial revenue for faculty salaries.

Faculty typically generate money for a plan either by holding joint academic-practice appointments funded in part by employers or by providing primary care services on contract in an ambulatory clinic or other provider settings. Often faculty receive incentive pay on the basis of the revenue they generate or a bonus at year's end if the plan has a profit. The University of Texas at Houston (UTH) has a particularly extensive practice plan. In 2010, its clinic gross revenues were $1.9 million; its joint appointments accounted for $1 million.

Because practice plans link the worlds of teaching and practice in many ways, they are worth more than their weight in gold, says Geri L. Wood, PhD, RN, FAAN, adjunct associate professor at UTH. She teaches evidence-based research at the university and helps nursing staff at the UT M. D. Anderson Cancer Center improve practice, with evidence from the latest research. In addition to enriching both settings, "you become an ambassador for both," says Wood, who has inspired M. D. Anderson staff to return to school and her university students to work at M. D. Anderson.

Practice plan opportunities will expand dramatically in the next few years because of health workforce shortages and the implementation of the Affordable Care Act (ACA), says Kenneth I. Shine, MD, executive vice chancellor for health affairs, UT System, and former IOM president.

Create Endowed Faculty Chairs. Schools of nursing are also pursuing foundation funding for endowed chairs. Although competition for the philanthropic dollar is tight and may be constrained by foundation priorities, "increasingly nursing is compelling to private funders," says Shine.

Sustain and Increase Funding. The American Nurses Association and others are mounting a vigorous defense against possible cuts to $500 million in ACA scholarships and education loan forgiveness funds designed to help newly minted faculty offset low faculty salaries.

The IOM report recommends that diploma programs be phased out within the next decade and their resources–including graduate medical education money–be used to expand BSN and higher degree programs and to support rural and critical access nurse residency programs.

For More Information

• Visit www.michigancenterfornursing.org for more on the Michigan initiatives. • For details on the UTH nursing practice plan, contact Thomas A. Mackey at thomas.a.mackey@uth.tmc.edu. • For more on the legislative successes and other innovations of state-level educational capacity-building partnerships, download NF 13 (May 2010) from www.rwjf.org.

"We must remove the unnecessary barriers that are discouraging so many nursing students and working nurses from advancing their formal educations. More flexible work schedules, more seamless and efficient academic pathways, and increased access to accelerated programs of proven value are sorely needed."

U.S. Representative Steven LaTourette, R-Ohio, Co-Chair, Congressional Nursing Caucus.

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE CHANGE

_____ ☐ RN ☐ LPN ☐ APRN _____
Missouri License Number Social Security Number

→_____ _____
Signature *(This form must be signed)* Date

NAME AS CURRENTLY IN OUR SYSTEM

_____ _____
First Name (Printed) Last Name (Printed)

NEW NAME

_____
Last Name First Name Middle Name

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

Physical address required, **PO boxes are not acceptable**

CITY STATE ZIP

(_____)_____ _____
Daytime Telephone Number E-mail Address

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY STATE ZIP

☐ **I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.**

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or

Fax to 573-751-6745

If you wish to obtain a duplicate license you must return this form along with your current wallet-size license and a $15.00 check or money order payable to the Missouri Board of Nursing.

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases. The following summaries represent disciplinary action by the Board from June 1, 2011 to August 31, 2011. Additional discipline may have taken place since that time.

CENSURE

Bode, Leighanna Lea
La Plata, MO
Licensed Practical Nurse 2002024214
Licensee practiced nursing in Missouri without a license from June 1, 2010 through June 8, 2011.
Censure 8/5/2011 to 8/6/2011

Renaud, Christine Marie
Vienna, MO
Licensed Practical Nurse 2006026759
Respondent was required to obtain continuing education hours. Respondent was instructed that proof of completion of at least fifteen (15) hours was due by April 15, 2011. Respondent did not submit the completed hours until April 25, 2011. Respondent was required to renew her nursing license immediately and not allow her license to lapse. Respondent's license expired May 31, 2010 and remains lapsed.
Censure 6/15/2011 to 6/16/2011

Limoncelli, Laura Melissa
Warrensburg, MO
Licensed Practical Nurse 2005038137
On May 11, 2010, a patient that Licensee was assigned to provide care for had concerns about receiving the wrong medication. The patient brought a medication cup to another nurse with synthroid. The patient said Licensee had given the tablets to him and told him it was his regularly prescribed oxycontin. On May 12, 2010, the same patient refused to take the medication provided him by Licensee because it was not the correct medication. The patient identified Licensee as the nurse who had given him the wrong medication on both occasions.
Censure 6/28/2011 to 6/29/2011

Herman, Samantha H.
Nixa, MO
Registered Nurse 155222
Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required. On March 8, 2011 and March 21, 2011, Respondent submitted urine samples for random drug screening. Both samples tested positive for the presence of Tramadol. Respondent does not have a valid prescription for Tramadol.
Censure 6/15/2011 to 6/16/2011

Kwan, Patricia A.
Skidmore, MO
Registered Nurse 052739
On July 28, 2010, Licensee was working as the charge nurse for the mental health unit of the hospital. At approximately 2:30 a.m., an individual called the unit and requested to be evaluated for the unit's 'day program'. Licensee did not perform or arrange an evaluation. Licensee instructed the individual to call back during regular business hours. The individual came to the hospital at approximately 3:00 a.m. A licensed practical nurse began the process of evaluating the individual. After she completed all the steps that she could do, she went to the Licensee to complete the evaluation; as the evaluation could only be completed by the charge nurse on duty. Licensee did not complete the evaluation and had the PN tell the individual to go home and come back in the morning.
Censure 8/5/2011 to 8/6/2011

Peck, Allison Ann
Kennett, MO
Registered Nurse 2007024053
Respondent was required to complete the Board's designated continuing education contact hours and submit proof of completion to the Board within the first year of the probationary period. The Board did not receive proof of completion of any contact hours by the documentation due date.
Censure 6/13/2011 to 6/14/2011

Plotner, Stephanie Ranae
Vienna, MO
Licensed Practical Nurse 2005031391
Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board has never received a thorough chemical dependency evaluation submitted on behalf

CENSURE Continued...

of Respondent. Pursuant to the Agreement, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Respondent has a bona fide relationship as a patient. Respondent submitted a urine sample for random drug screening on March 8, 2011. The sample tested positive for the presence of Tramadol. Tramadol is not a controlled substance, but does require a valid prescription to lawfully possess. Respondent did have a prescription for Tramadol. However, the prescription was over a year old and Respondent used it for a purpose inconsistent with the prescription.
Censure 6/13/2011 to 6/14/2011

Hunter, Claudia L.
St Paul, MO
Registered Nurse 144692
On June 1, 2010, Licensee was responsible for providing care to multiple patients, including K. B. At noon, K. B.'s physician entered an order for K. B.'s blood to be drawn. At 1:17 p.m., the physician entered another order for K. B.'s blood to be drawn as soon as possible. At 3:18 p.m., the physician entered a third order for K. B.'s blood to be drawn as soon as possible. Licensee did not draw the patient's blood. Licensee did not ensure that another staff member had drawn the blood. The blood was not drawn until 7:20 p.m. by a nurse on the next shift.
Censure 6/3/2011 to 6/4/2011

Whiteside, Samuel
Saint Louis, MO
Licensed Practical Nurse 055861
Respondent was required to obtain continuing education hours. The Board did not receive proof of any completed hours. Respondent was required to submit employer evaluations from each employer. The Board did not receive an employer evaluation by the July 27, 2010, January 27, 2011 or the April 27, 2011 documentation due dates.
Censure 6/13/2011 to 6/14/2011

Clifford, Janice
St Peters, MO
Registered Nurse 063161
Respondent was required to abstain completely from the use or consumption of alcohol. On March 22, 2011 and April 11, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The samples tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Censure 6/13/2011 to 6/14/2011

Rhodes, Judith A.
Steele, MO
Licensed Practical Nurse 036005
Licensee authorized prescriptions for former patients that had not been seen by the physician for a number of years.
Censure 6/30/2011 to 7/1/2011

Griffith, Shanette L.
Hannibal, MO
Licensed Practical Nurse 2001026331
Licensee practiced nursing in Missouri without a license from June 1, 2010 through April 5, 2011.
Censure 8/5/2011 to 8/6/2011

Horn, Bonnie L.
Waterloo, IL
Licensed Practical Nurse 055310
On November 11, 2009, Licensee became involved in a verbal altercation with a resident of the facility. Licensee failed to use appropriate nursing judgment when dealing with an agitated and unstable resident.
Censure 8/5/2011 to 8/6/2011

PROBATION

Harrelson, Vicki L.
Milan, MO
Licensed Practical Nurse 019663
On June 15, 2011, the Arizona State Board of Nursing disciplined the Arizona nursing license of licensee. The basis for the discipline imposed by the Arizona State Board of Nursing constituted grounds for which revocation or suspension is authorized in this state.
Probation 7/22/2011 to 7/22/2013

Bronskill, Erin E.
Fenton, MO
Registered Nurse 2008008476
On June 17, 2010 at 11:00 p.m., three of Licensee's patients complained that they have been waiting over two hours for pain medication. Licensee spent over ten minutes withdrawing medication from the pyxis, followed by another ten minutes outside the patient room before administering the medication. Licensee had to be reminded to scan the arm band prior to administering the medication. On June 17, 2010, at approximately 11:00 p.m., while Licensee and another nurse were changing the patient's bed, Licensee had to be instructed on how to assist the nurse in changing the bed and had difficulty performing other simple tasks. On June 17, 2010, Licensee removed Demerol on a patient that was not assigned to her. Licensee then opened

PROBATION Continued...

the Demerol and requested that the nurse manager waste it with her. When asked why she had opened the Demerol, she stated it was an accident. On June 17, 2010, Licensee created a discrepancy in the pyxis with Phenobarbital. On June 17, 2010, Licensee removed Fentanyl 100 mcg from the pyxis. Licensee did not document the administration or waste of the Fentanyl. On June 17, 2010, Licensee removed 100 mcg of Fentanyl. Licensee documented administration of 20 mcg, but did not document the waste or administration of the remaining 80 mcg. On June 17, 2010, Licensee withdrew Percocet at 11:42 p.m. and documented administration of the Percocet at 10:24 p.m. On June 17, 2010, Licensee removed Donatal at 8:56 p.m. and documented administration of the Donatal at 8:00 p.m. On July 29, 2010, Licensee signed off orders as completed. Licensee did not complete the orders. On August 6, 2010, Licensee admitted a patient from the emergency room. Licensee failed to review the admission history and home medications for the patient. On August 6, 2010, orders for Licensee's patients were written at 9:00 p.m. Licensee did not put the orders in the computer and did not sign off the orders. On August 6, 2010, a patient was scheduled to receive 49 units of Levemir at 9:00 p.m. Licensee documented administering the medication at 6:47 a.m. on August 7, 2010. The patient had a blood sugar of 400 at 9:00 p.m. on August 6, 2010. The physician was to be contacted for any blood sugar over 300. Licensee did not contact the physician. On August 6, 2010, a patient was to receive Zosyn at 9:00 p.m. The medication was documented as administered by Licensee. The medication was later found in the unit refrigerator and the patient stated he did not receive the antibiotic that evening. On November 23, 2009 Licensee was discovered by co-workers to be sleeping while on duty. On August 20, 2010, Licensee pled guilty to the Class A Misdemeanor of 'Theft/Stealing' in the Circuit Court of St. Louis County, Missouri. On November 16, 2010, Licensee pled guilty to the Class A Misdemeanor of 'Theft/Stealing' in the Circuit Court of Jefferson County, Missouri.
Probation 8/23/2011 to 8/23/2015

Gill, Sarah Beth
Herrin, IL
Licensed Practical Nurse 2005035190
Licensee admitted that she was diverting hydrocodone from the facility for her personal consumption. On December 2, 2010, Licensee pled guilty to the Class A misdemeanor of 'Stealing'.
Probation 7/12/2011 to 7/12/2014

Decker, Elizabeth Ann
Nixa, MO
Licensed Practical Nurse 2005023024
On June 24, 2006, a prison guard observed that D.A., a male inmate of the jail, was behind the nurses' desk in the medical department of the jail. Jail policy did not permit inmates behind the nurses' desk. When questioned about the incident, Decker explained that D. A. was behind the desk having his blood pressure checked. The jail requires inmates to wear a bracelet that permits tracking them within the jail. Tracking records indicate that D. A. was often in the medical department of the jail after midnight. Inmates were not allowed in the medical department after midnight. Decker allowed D. A. in the medical department after midnight. The average visit by an inmate to the medical department lasted, or should have only lasted, approximately five to ten minutes. During his visits to the medical department, D. A. would remain for several minutes or even for several hours on occasion. D. A. spent more time in the medical department than other inmates. The documentation concerning D. A.'s visits to the medical department do not explain the unusual frequency and duration of his visits to the medical department. D. A. once was observed putting his arms around Decker and his head on her shoulder. Decker provided food and cigarettes from her home to D. A. Cigarettes and outside food were contraband in the jail. Decker and D. A. wrote flirtatious letters to each other. Decker's supervisor considered Decker a good nurse who always got her work done. When questioned about her conduct by law enforcement authorities, Decker waived her Fifth Amendment rights and provided a voluntary statement that admitted her conduct concerning D. A. Decker developed a relationship of professional trust and confidence between herself and her employer, co-workers, and patients, including D. A., during her employment at the jail. Decker had a duty to maintain a professional distance from D. A. The jail required Decker to follow its protocol.
Probation 6/13/2011 to 6/13/2013

Gough, Tamera L.
Shelbina, MO
Registered Nurse 155085
Pursuant to the Order, Respondent was required to contract with the Board's approved third party administrator, at that time, NCPS, Inc., and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. On December 17, 2010; February 15, 2010; and March 4, 2011, Respondent called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. On all three dates, Respondent failed to report to a collection site to provide the required sample.
Probation 6/13/2011 to 6/18/2012

PROBATION continued on page 15

PROBATION continued from page 14

Weflen, Karen S.
Saint Louis, MO
Registered Nurse 075546
Pursuant to the Board's Order, Respondent was required to contract with the Board's approved third party administrator, currently National Toxicology Specialists (NTS), and participate in random drug and alcohol screenings. On December 16, 2010, Respondent called NTS and was advised that she had been selected to submit a sample for testing. Respondent failed to report to a collection site to provide a sample for testing. On February 16, 2011, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of oxazepam. Respondent does not have a valid prescription for oxazepam.
Probation 6/15/2011 to 9/9/2015

Wehlermann, Kimberly K.
Festus, MO
Registered Nurse 140845
On or about January 4, 2006, Respondent administered Oxycodone 10/325 to a patient in her care whose physician had ordered Oxycodone 5/325. Respondent noted in her nursing notes and the medication administration report that she had administered Oxycodone 10/325 to her patient, when the physician's order for this patient was Oxycodone 5/325. On or about March 20, 2006, Respondent received a telephone order authorizing the administration of two Vicodin to a patient in Respondent's care. Respondent failed to document that she had received the telephone order.
Probation 6/15/2011 to 6/16/2011

Smith, Carol Ann
Terlton, OK
Registered Nurse 2011020768
On June 21, 2007, the Nebraska State Board of Nursing entered an Order revoking Licensee's Nebraska registered professional nursing license. On June 11, 2010, the Nebraska State Board of Nursing entered an Order reinstating Licensee's Nebraska registered professional nursing license and placing that license on probation for a period of three years.
Probation 7/6/2011 to 7/6/2013

Dortch, Joan Marquette
Columbia, MO
Licensed Practical Nurse 2011027065
On or about April 26, 2000, Licensee pled guilty to Passing a Bad Check in State v. Joan Marquette Hix, 13R019859935. On or about February 18, 2011, Licensee pled guilty to Passing a Bad Check in State v. Joan M. Dortch, 10BA-CR03240. On May 12, 2011, Licensee pled guilty of Third Degree Assault in City of St. Charles v. Joan M. Dortch, 100209543.
Probation 8/15/2011 to 9/20/2011

Moore, Hilford
University City, MO
Licensed Practical Nurse 051231
In 2007, Licensee was charged with Social Security Fraud. Licensee entered the pre-trial diversion program. Licensee successfully completed that program and the criminal charges against him were dismissed.
Probation 7/6/2011 to 7/6/2012

Brotherton, Shannon D.
Springfield, MO
Registered Nurse 130322
On December 27, 2010, Licensee was observed by several co-workers who felt that she may have been under the influence of a controlled substance. Licensee admitted she diverted Dilaudid, Morphine, Fentanyl and Ativan.
Probation 8/11/2011 to 8/11/2014

Winkle, Melissa Ann
Crocker, MO
Licensed Practical Nurse 2001024527
In accordance with a Settlement Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the January 27, 2011 and March 16, 2011 documentation due dates. In accordance with the terms of probation, respondent was required to complete the Board's designated continuing education hours. The Board did not receive proof of completion of any completed hours.
Probation 6/15/2011 to 6/15/2012

Jacobs, Tannia Devette
Saint Louis, MO
Registered Nurse 2007010041
On November 24, 2009, Licensee signed and thereby agreed to enter into a Settlement Agreement with the State Board of Nursing. The Settlement Agreement became effective December 25, 2009. Pursuant to that Settlement Agreement, Licensee's license was placed on probation for two (2) years. Pursuant to the terms of Licensee's probation, Licensee was to submit to random, witnessed screenings for alcohol or other drugs of abuse. On August 25, 2010, Licensee failed to provide a witnessed sample and, in fact, provided a urine sample that was not a genuine sample. Licensee submitted a false sample for the purpose of passing the drug screen when she knew that a genuine test would show a positive result for marijuana. On August 27, 2010, Licensee submitted a sample for screening. That sample tested positive for marijuana.
Probation 6/18/2011 to 12/25/2014

PROBATION Continued...

Bledsoe, Joy D.
Saint Louis, MO
Registered Nurse 133919
During her shift on October 23, 2010, Bledsoe observed crystallization in an IV line on patient M. L. Bledsoe placed a verbal order for the drug, Altephase, and indicated that it had been verbally ordered by Dr. W. Bledsoe then administered the Altephase to patient M. L. Dr. W. never ordered Altephase be administered to M. L. M. L.'s chart contained no record of the crystallization. M. L.'s chart contained no record of the Altephase administered because the physician did not approve the order for Altephase and so it was not recorded by the hospital's charting system. Bledsoe admitted her mistake to the hospital and on October 27, 2010, she resigned her position at the hospital, in lieu of termination.
Probation 8/23/2011 to 8/24/2011

Miller, Beverly D.
Saint Charles, MO
Registered Nurse 155132
On February 16, 2010, Licensee was providing care to a patient who had surgery earlier in the day. Licensee, mistakenly believing that the patient had surgery the day before, discontinued a Stryker drain, a PCA and a pain pump. Upon realizing her mistake, Licensee documented that she had received a telephone order from the doctor. The doctor denied that he gave Licensee the order. Licensee falsely documented the order to conceal her error. On the same day, Licensee received a telephone order from a doctor to have an EKG performed on a patient. Licensee did not document the order and did not have the EKG performed on the patient. On October 7, 2010 Licensee pled guilty to the Class A Misdemeanor of 'Possession of Drug Paraphernalia'.
Probation 7/12/2011 to 7/12/2014

Stephenson, Amy Lynn
Rogersville, MO
Registered Nurse 2008011698
A review of hospital's Accudose medication dispensing system revealed that Licensee withdrew the largest amount of narcotics on the unit. Licensee worked a total of nine (9) shifts in the month of November. During those nine (9) shifts, Licensee removed 1230 mg of Morphine from the Accudose medication dispensing system. Licensee routinely removed medications from the Accudose medication dispensing system that exceeded the amount that was ordered by the physician. Licensee routinely failed to scan medications prior to administration.
Probation 7/12/2011 to 7/12/2015

Vencill, Lora Ann
Trenton, MO
Licensed Practical Nurse 2011018561
On May 13, 1997, Licensee pled guilty to the misdemeanor of 'Minor in Possession of an Intoxicating Liquor'. On July 26, 2005, Licensee pled guilty to the Class B Misdemeanor of 'Driving While Intoxicated'. On December 14, 2005, Licensee pled guilty to the offense of 'Driving While Intoxicated'
Probation 6/20/2011 to 6/20/2013

Nichols, Myiesha Lena
Florissant, MO
Licensed Practical Nurse 2003025476
Licensee's license expired on May 31, 2010. Licensee practiced nursing in Missouri without a license from June 1, 2010 through February 9, 2011.
Probation 7/26/2011 to 7/27/2011

Kennedy-Nowicki, Elizabeth Marie
Eureka, MO
Registered Nurse 2000158817
On November 12, 2010 Licensee pled guilty to the Class B Felony of Production of a Controlled Substance in the Circuit Court of St. Louis County, Missouri.
Probation 8/31/2011 to 8/31/2013

Norfleet, William C.
Saint Louis, MO
Licensed Practical Nurse 033536
On June 9, 1995 Licensee pled guilty to Driving with excessive Blood Alcohol Content. On November 12, 2009 Licensee pled guilty to Driving with Excessive Blood Alcohol Content. On March 28, 2011 Licensee completed a residential treatment program.
Probation 7/6/2011 to 7/6/2014

Nave, Demetria Toyce
Kansas City, MO
Licensed Practical Nurse 2008020435
Since the issuance of the Order on September 9, 2009 to the filing date of the Probation Violation Complaint, Respondent failed to call in to FirstLab on thirty-seven (37) days. In addition, on September 25, 2009, November 10, 2010 and February 8, 2011, Respondent called FirstLab and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.
Probation 6/15/2011 to 7/10/2015

Corbin, Anna Marie
Warrenton, MO
Licensed Practical Nurse 2011021747
On July 5, 2009, Licensee checked into treatment of alcoholism. Licensee reports a sobriety date of July 4, 2009.
Probation 7/8/2011 to 7/8/2012

PROBATION Continued...

Taylor, Arami Lynn
Portageville, MO
Registered Nurse 2007033099
On June 30, 2010, Licensee documented that she had administered a bag of Dextrose 5% in sterile water (D5W) to a resident, pursuant to the physician's orders. Licensee than went to retrieve the D5W and discovered that the fluid was currently not in stock. Licensee did not go back and correct her charting to indicate that the fluids were, in fact, not given. The following day, a surveyor from the State of Missouri was in the facility to perform a routine inspection. Licensee did not inform the State surveyor of the error because she was afraid of the consequences. The patient required hospitalization due to dehydration.
Probation 6/10/2011 to 6/10/2013

Watts, Amber Nichelle
Lenexa, KS
Registered Nurse 2007020640
In August of 2010, Licensee diverted Demerol from the hospital for her personal consumption.
Probation 7/26/2011 to 7/26/2014

Ryan, Tammy M.
Doniphan, MO
Registered Nurse 2000165262
On September 20, 2010, Licensee was requested to submit to a random drug screen by her employer. Licensee's test returned positive for amphetamine, methamphetamine and oxazepam. Licensee did not have a valid prescription for any of the controlled substances that she tested positive for.
Probation 8/31/2011 to 8/31/2016

Boyer, Roger Wayne
Seneca, MO
Registered Nurse 2001000766
On August 22, 2010, Licensee restrained a resident of the facility in her wheelchair with a gait belt. The resident did not have an order for restraint. Further, Licensee failed to document that he had restrained the resident in the resident's chart. When the resident continued to attempt to get out of her wheelchair, Licensee forced her back into the chair and threatened her with, 'a shot'. Licensee then withdrew Ativan and prepared a shot for the resident if she did not cooperate with Licensee. Licensee did not administer the shot to the resident. Licensee wasted the Ativan without a witness and did not document the event in the resident's chart.
Probation 6/15/2011 to 6/15/2013

Durant, Laurie Lynn
Collins, MO
Registered Nurse 2008008589
On October 15, 2010, Licensee was requested to submit to a drug screen after an incident involving the improper waste of a controlled substance. Licensee's drug screen was positive for morphine. Licensee admitted to the diversion of Morphine for her personal consumption.
Probation 6/28/2011 to 6/28/2014

Thomas, Angela Marie
Foley, MO
Registered Nurse 2008016183
In January of 2010, administration and co-workers noted that Licensee was undergoing significant behavioral changes. Licensee's Pyxis records were reviewed on February 16, 2010. From September 1, 2009 through January 31, 2010, Licensee removed forty-eight (48) vials of Fentanyl 100mcg/2ml and did not document them as administered or wasted. When confronted with this discovery, Licensee admitted diverting Fentanyl for her own personal use. Licensee's drug screen on February 17, 2010 was positive for Fentanyl.
Probation 6/15/2011 to 6/15/2016

Street, Debera G.
Ballwin, MO
Registered Nurse 123566
On December 10, 2010, one tablet of Ambien was discovered to be missing from a resident's medication supply. Licensee confessed to taking the medication as she had run out of her prescribed medication at home.
Probation 7/26/2011 to 7/26/2012

Brooks, Samantha M.
Montgomery City, MO
Licensed Practical Nurse 2004011890
On August 16, 2010, Licensee submitted to a pre-employment drug screen. The result of the test was positive for marijuana.
Probation 6/28/2011 to 6/28/2013

Clark, Karen Sue
Columbia, MO
Registered Nurse 2007000466
Between the dates of July 5, 2010 and August 3, 2010, Licensee removed hydrocodone syringes on twenty-one (21) occasions when there was no patient order for hydrocodone. Licensee failed to document the administration or waste of the hydrocodone on all twenty-one (21) occasions. During the same time period, Licensee removed fentanyl syringes on nine (9) occasions when there was no patient order for fentanyl. Licensee failed to document the administration or waste of the fentanyl on all nine (9) occasions. Licensee admitted to removing medications without an order and consuming the medications at home.
Probation 7/27/2011 to 7/27/2016

PROBATION continued on page 16

PROBATION continued from page 15

May, Jr., John M.
Cape Girardeau, MO
Registered Nurse 2005023232
On March 17, 2010, Licensee requested assistance in starting an IV on a patient that he was assigned to provide care for. When the nurse arrived to start the IV, she noticed that the patient was anxious and was having difficulties breathing. The patient was on a non-rebreather mask set at only 3L. A non-rebreather mask requires high flow oxygen to keep the bag inflated, the non-rebreather will not permit air from the surrounding environment to be inhaled. An oxygen flow of 3L on a non-rebreather mask is life threatening. Upon making these observations, the nurse removed the mask and placed the patient on a nasal cannula. The patient showed immediate improvement and thanked the nurse for her assistance. When the nurse confronted the Licensee with his patient's condition, he responded, "I am proving a point." When asked what point he was trying to prove, he responded, "that she doesn't need it," apparently referring to the oxygen. The nurse reported the incident to the Director of the Emergency Department. The Director spoke with the patient's physician and found that the doctor's order was for the patient to be gradually weaned off of oxygen to help her deal with her anxiety. Licensee charted at 1230 that the patient was on a non-Rebreather with an oxygen flow rate of 12. Licensee charted at 1430 that the patient was on a non-Rebreather with the oxygen flow rate undocumented. Licensee charted at 1600 that the patient was on nasal cannula at a flow rate of 4. Licensee charted at 1615 that the patient was on a non-Rebreather with the oxygen flow rate of 3. Licensee charted at 1810 that the patient was on a nasal cannula with a flow rate of 4.
Probation 6/15/2011 to 6/15/2013

Anderson, Catherine Josephine
Kansas City, MO
Registered Nurse 152870
On February 20, 2010, Licensee's nurse manager received a patient complaint about the care provided by Licensee. Among the patient's complaints was the allegation that Licensee failed to perform an assessment during her shift. Based on the complaint, the nurse manager reviewed the patient's chart and discovered that Licensee had charted an assessment during the shift in question. When confronted with the patient's complaint, Licensee admitted that she did not perform an assessment during the shift. She informed the nurse manager that the assessment that she charted was based on prior shift's assessments, monitoring read-outs and other sources within the patient's charts. Charting an assessment when an assessment was not conducted constitutes falsifying documentation.
Probation 6/3/2011 to 6/8/2011

Goben, Linda K.
Clinton, MO
Licensed Practical Nurse 052476
On August 16, 2010 Licensee was counseled regarding multiple medication errors and a transcription error. Licensee had committed a total of sixty-four medication errors. On October 26, 2010, a patient had a blood sugar of 426. Licensee obtained a verbal order from a physician for eight units of Novolog insulin. Licensee failed to document the physician's order. Licensee failed to document the administration of the insulin. On October 28, 2010, Licensee was notified by the lab that a patient had tested positive for Clostriduim difficile. Licensee did not notify the physician of the positive lab result, thus delaying the start of treatment.
Probation 7/12/2011 to 7/12/2012

West, Terry Len
Springfield, MO
Registered Nurse 2007021499
On or about March 10, 2008, Licensee was observed sitting in a surgery suite inhaling Nitrous Oxide through an oxygen tube. Licensee admits that he inhaled Nitrous Oxide on March 10, 2008, and at other times.
Probation 6/13/2011 to 6/13/2016

Palmer, Scotty Lee
Stockton, MO
Registered Nurse 2009035818
On May 26, 2010, Licensee was counseled for improper documentation regarding the waste of Dilaudid and regarding a delay from the time a medication is removed from the dispensing machine to the time the medication was scanned and given to the patient. On July 28, 2010, Licensee was counseled regarding lab orders that were signed off as completed but not put into the computer. On December 30, 2010, Licensee had a patient that was NPO after midnight for surgery. Licensee administered the patient's oral diabetic medication. The administration was contrary to accepted diabetic protocol. The patient's blood sugar dropped to 55mg/dl. Licensee instructed the patient care technician to give orange juice until the blood glucose was above 70 mg/dl. This instruction was contrary to accepted diabetic protocol. These actions caused the patient's surgery to be delayed. On January 14, 2011, Licensee was coached regarding improper instruction to a patient care assistant concerning the charting of urine output. On January 14, 2011, Licensee did not physically assess a patient prior to charting an assessment. Licensee stated he intended to modify the assessment after he physically assessed the patient.
Probation 7/27/2011 to 7/28/2011

PROBATION Continued...

Albertson, Bobby Leonard
Lake Saint Louis, MO
Registered Nurse 2006006116
On January 12, 2011 Licensee was assigned to provide care to two patients in the Intensive Care Unit. Licensee did not chart on the patients assigned to him from 10:00 p.m. to 4:00 a.m. Licensee withdrew 2 mg of Ativan at 8:29 p.m. Licensee documented the administration of 1 mg of Ativan and documented the waste of 1.5 mg. Licensee withdrew 100 mcg of Fentanyl at 1:40 a.m. Licensee documented the administration of 50 mcg of Fentanyl. Licensee did not document the waste or administration of the remaining 50 mcg. Licensee removed 2 mg of Ativan at 10:36 p.m. No administration or waste was documented. Licensee removed 100 mcg of Fentanyl at 10:44 p.m. Licensee documented the administration of 50 mcg of Fentanyl. Licensee did not document the waste or administration of the remaining 50 mcg. Licensee withdrew 2 mg of Ativan at 12:41 a.m. This medication was withdrawn on one patient and documented as administered on the other patient. Licensee removed 100 mcg of Fentanyl at 2:24 a.m. No administration or waste was documented. Licensee removed 100 mcg of Fentanyl at 2:25 a.m. No administration or waste was documented. When confronted about the charting discrepancies, Licensee refused to submit to a urine drug screen.
Probation 8/23/2011 to 8/23/2013

Tillery-Gilder, Amy L.
Mountain View, MO
Licensed Practical Nurse 056534
On October 22, 2008, Tillery-Gilder was arrested by members of the Missouri State Highway Patrol. The troopers recovered two bags, each containing 114 tablets of hydrocodone. On or about December 3, 2008, Tillery-Gilder sent a written response to the Board regarding the arrest. In Tillery-Gilder's written response, she repeated that she had stolen the hydrocodone tablets when she was responsible for destroying the tablets.
Probation 6/13/2011 to 6/13/2014

Kays, Cindy Kay
Nixa, MO
Registered Nurse 2005026092
On or about August, 2006, Licensee pled guilty to excessive blood alcohol concentration. Licensee admits that she had been on her way home from a friend's house where Licensee had been drinking. Licensee refused to take a breathalyzer test. In or around January 30, 2007, Licensee pled guilty to driving without a valid driver's license. On or about July 13, 2007, Licensee pled guilty to Leaving the Scene of a Motor Vehicle Accident - Injury, Property Damage, or 2nd Offense, a Class D felony.
Probation 6/13/2011 to 6/13/2012

Burnett, Ginger M.
Springfield, MO
Registered Nurse 2009021980
On May 27, 2010, Licensee was at work and had received report and accepted responsibility for patient care. Approximately one hour into her shift, Licensee transported a patient who was being discharged out of the unit. Licensee then left the hospital. Licensee did not give report on any of her patients and did not advise any supervisor or co-worker that she was leaving.
Probation 8/23/2011 to 8/23/2013

Kendrick, Jimmie W.
Ashland, MO
Licensed Practical Nurse 2000165224
On November 6, 2007, Kendrick pled guilty to Count I-Class A misdemeanor of leaving the scene of a motor vehicle accident. On November 6, 2007, Kendrick pled guilty in the Court to Count 11-Class A misdemeanor of operating a motor vehicle on a highway while his driver's license/privilege was revoked. On November 6, 2007, Kendrick pled guilty in the Court to Count III-Class B misdemeanor of excessive BAC. On Count III, the Court sentenced Kendrick to 60 days in the Boone County Jail to run concurrent with Counts I and II. On March 17, 2008, Kendrick applied to renew his nursing license. On the application, Kendrick failed to provide a signed and notarized statement explaining in detail after answering "yes" to #6, #7, and #10. On June 13, 2008, Kendrick's probation was revoked because he was arrested. On November 13, 2008, Kendrick was charged with 3rd degree domestic assault, and a warrant was issued on November 26, 2008. On May 12, 2010, Kendrick pled guilty in the court to the Class A misdemeanor of 3rd degree domestic assault 1st/2nd offense.
Probation 6/13/2011 to 6/13/2016

PROBATION Continued...

Gilford, Kelly Renee
Belleville, IL
Licensed Practical Nurse 2011023798
On or about December 3, 2009, Licensee was placed on probation for a minimum of six months by the Illinois State Board of Nursing for using improper force when placing a patient in bed and verbally abusing two patients while acting as a practical nurse employed by a nursing home in the State of Illinois. On July 1, 2010, Licensee was suspended for a minimum of twelve months by the Illinois Board of Nursing for violating the terms of her probation.
Probation 7/22/2011 to 7/22/2012

Jasper, Andrea K.
Saint Charles, MO
Licensed Practical Nurse 058726
On or about May 18, 2005, Licensee submitted a urine sample for drug screening. On or about May 19, 2005, the urine sample submitted tested positive for tetrahydrocannabinol ("THC"), a metabolite of marijuana.
Probation 8/30/2011 to 8/30/2013

Coffee, Dawn Nicole
Advance, MO
Registered Nurse 2011026193
On April 21, 2010, Licensee pled guilty to the Class D Felony of 'Fraudulently Attempting to Obtain a Controlled Substance' The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of four (4) years.
Probation 8/8/2011 to 12/27/2012

Tice, Christina Marie
Perryville, MO
Registered Nurse 2009038608
In November 2010, during a routine audit of check "overrides" and charting, the pharmacy noticed that Licensee had numerous discrepancies pertaining to narcotics. A review was then completed for October 2010, which revealed the same discrepancies. The discrepancies included instances when Licensee would dispense two narcotic tablets, administering one and not document the disposition of the remaining pill for up to four hours. There were multiple instances when Licensee would chart the administration of a controlled substance before the Pyxis indicated that she had withdrawn the medication. There were also numerous occasions when Licensee would withdraw a controlled substance and not chart the disposition of the medication for several hours.
Probation 8/30/2011 to 8/31/2011

Barton, Joni E.
Bixby, MO
Registered Nurse 142233
On August 16, 2010 Licensee's drug screen was positive for temazepam and morphine. Licensee did not have a prescription for temazepam or morphine. When questioned by an investigator for the Board, Licensee admitted that she had diverted morphine from the hospital for her personal consumption.
Probation 6/3/2011 to 6/3/2014

Brown, Emily Suzanne
East Prairie, MO
Licensed Practical Nurse 2010031173
During her disciplinary period to the filing date of the probation violation complaint, Respondent failed to call in to NTS on twenty-one (21) days.
Probation 6/13/2011 to 8/17/2013

Vo, Melissa Allison
Saint Louis, MO
Registered Nurse 2011016305
On May 9, 2006, Licensee pled guilty to the offense of 'Stealing Under $500'. On December 38, 2006, Licensee pled guilty to the Class A Misdemeanor of 'Theft'. 'Stealing Under $500'.
Probation 6/3/2011 to 6/3/2013

Krebs, Jesse Richard
Red Bud, IL
Registered Nurse 2007006367
On or about August 1, 2007, two nurses witnessed Licensee removing three syringes from the Pyxis. Five minutes later, Licensee was observed removing two more syringes. Due to Licensee's suspicious behavior, an activity report was generated on the Pyxis for August 1, 2007. The report revealed that Licensee had removed narcotics from the Pyxis for patients that were not assigned to him and who did not have a documented need for medication. A review of the Pyxis report revealed that on or about August 1, 2007, Licensee removed the following narcotics from the Pyxis:

a. Licensee removed 4mg of Morphine Sulfate at 7:46 a.m., 11:09 a.m., and 2:35 p.m., for a patient in room 913. There was a physician order for the medication, but Licensee failed to document the administration of medication to the patient on the medical administration record (MAR).
b. Licensee removed a total of 6mg of Morphine from the Pyxis at 4:18 p.m. for a patient in room 904-1. The patient did not have a physician order for Morphine and Licensee failed to document the administration of medication to the patient on the MAR.
c. Licensee removed 4mg of Morphine from the Pyxis at 12:15 p.m. and at 4:57 p.m. for a patient in room 903-2. The patient was not assigned to him and there was no indication that the patient required pain medication. The patient had a physician order for Morphine as needed, but when the patient was questioned about

PROBATION continued on page 17

PROBATION continued from page 16

her pain, she indicated that she never had any pain. Licensee failed to document the administration of medication to the patient on the MAR.

d. Licensee removed 4 mg of Hydromorphone (Dilaudid) from the Pyxis at 12:51 p.m. and at 4:46 p.m. for the patient in room 905-2. The Dilaudid had been charted on the MAR, but there was no physician order for the medication. The pharmacy later found an order written on August 1, 2007, at 12:00 for Dilaudid, but it was a single line order on the order sheet for "Dilaudid 4 mg. IVq3-4hr. PRN pain." Licensee said it was a verbal order taken from Dr. Mohr; however, Dr. Mohr denied he gave Licensee the order stating "he didn't even know this patient."

Licensee admitted that he would stop to visit patients who were not assigned to him and if they were in pain, he would administer pain medication to them without proper documentation or informing their nurse.
Probation 6/4/2011 to 6/4/2012

Torrices-Walker, Louise Rosario A.
Jefferson City, MO
Licensed Practical Nurse 046872
In March of 2010, Licensee received an 'employee counseling action' for numerous documentation and practice errors. Specifically, Licensee gave an infant the wrong vaccines for the infant's age. In June of 2010, Licensee received another 'employee counseling action' for documentation errors. Licensee was specifically cited for failing to document the correct dosages on patients' vaccination charts. Licensee also failed to list lot number and injection sites. Further, Licensee did not include the signed consent forms in the patients' charts. In September of 2010, Licensee received a final 'employee counseling action' for documentation errors. Licensee charted that another nurse had administered a vaccine to a patient at the patient's last visit. However, at the time of the patient's last visit, that nurse did not work at the center.
Probation 7/26/2011 to 7/26/2011

Blake-Shatley, Tara Eileen
Saint Charles, MO
Registered Nurse 2001005014
The Pyxis report revealed that License withdrew ninety (90) Meperidine 100 mg syringes between September 21, 2009 and November 17, 2009. Licensee did not document the administration of the Meperidine. There were no valid orders to justify the withdrawal of the Meperidine. The audit also revealed twenty-seven (27) instances where Licensee withdrew Fentanyl 0.05 mcg/ml 5 ml amps. Licensee did not document the administration of the Fentanyl. There were no valid orders to justify the withdrawal of the Fentanyl. Licensee withdrew the medication under the names of patients that she was not assigned to and in some instances, removed medication under the names of patients that were not in the surgery unit. Licensee was asked to submit to a drug screen and refused the drug screen. On March 2, 2010, it was discovered that the Demerol count was off and there was a discrepancy with two 75 mg vials of Demerol and three 100 mg vials of Demerol. The nurses that discovered the discrepancy stated that Licensee had asked them to waste Demerol multiple times on recent shifts. A further chart audit revealed a large number of documentation and administration discrepancies made by Licensee. Licensee was confronted and admitted that she was diverting drugs for her personal consumption.
Probation 6/29/2011 to 6/29/2016

Alsadi, Juli Beth
Mountain Grove, MO
Registered Nurse 2007020216
On or about February 16, 2010, Licensee was exhibiting unusual behavior including difficulties with coordination and slurred speech. A review of Licensee's Omnicell transactions and records indicated the following discrepancies:
On February 15, 2010 Licensee removed 17 tablets of Tramadol from the Omnicell medication dispensing machine. There was no justification for removing that many Tramadol.
On February 16, 2010, Licensee removed 10 tablets of Tramadol from the Omnicell medication dispensing machine. There was no justification for removing that many Tramadol.
On February 11, 2010, Licensee removed one tablet of Percocet 5/325 mg for a patient. Licensee did not document the administration or waste of the Percocet.
On February 15, 2010, Licensee removed one Percocet 5/325 mg for a patient. Licensee did not document the administration or waste of the Percocet.
On February 8, 2010, Licensee removed two tablets of Phenobarbital for a patient. Licensee charted the administration of one tablet. Licensee did not document the administration or waste of the remaining tablet of Phenobarbital.
On February 16, 2010, Licensee removed Percocet 5/325 mg for a patient. Licensee passed the tablet onto a student for administration. Licensee did not document the administration.
On February 12, 2010, Licensee withdrew one Tramadol 50 mg tablet for a patient. Licensee did not document the administration or waste of the Tramadol.
On February 16, 2010, Licensee was asked to submit to a for-cause drug screen. The test was positive for marijuana.
Probation 7/6/2011 to 7/6/2015

SUSPENSION/PROBATION

McGeorge, Monica Ruth
Columbia, MO
Licensed Practical Nurse 2006018960
Respondent entered into a settlement agreement with the Board. Pursuant to the agreement, she was required to contract with NTS and call a toll free number every day to see if she had been selected to be screened for drugs and alcohol. Since the date of the Agreement until the filing date of the Probation Violation Complaint, Respondent failed to call NTS on twenty-eight (28) days. Further, on December 13, 2010, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In accordance with the terms of the Order, Respondent was required to complete the Board's designated continuing education contact hours. Respondent was to complete at least fifteen (15) hours per year until the courses were complete. The Board only received proof of completion of two (2) contact hours prior to the documentation due date. Respondent provided proof of completion for the remaining contact hours at the hearing. In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the April 22, 2011 documentation due date.
Suspended 07/01/2011 to 07/14/2011
Probated 07/15/2011 to 04/22/2014

Baysinger, Tonya W.
Monett, MO
Licensed Practical Nurse 1999136835
Following an internal investigation by the hospital, in October of 2010, Licensee admitted to diverting hydrocodone for her personal consumption.
Suspended 06/28/2011 to 12/28/2011
Probated 12/29/2011 to 12/29/2014

REVOCATION

Ely, Karen D.
Ellisville, MO
Licensed Practical Nurse 2005011641
On July 13, 2009, Licensee was on duty as a PN. Licensee signed for and received Oxycontin, oxycodone, Lyrica, Vicodin and hydrocodone under the stated purpose of administering them to patients. There is no clear evidence to determine whether Licensee unlawfully appropriated these medications for herself or whether she administered these medications and did not properly document this administration.
Revoked 6/13/2011

Reynaud, Janet V.
Saint Louis, MO
Registered Nurse 076580
On the evening/morning of March 18-19, 2008, Licensee signed out 15mg of oxycodone at 8:00 p.m. for Patient R. E., but did not administer this medication to the patient. Licensee signed out Xanax at 1:15 a.m. and 4:30 a.m. for Patient R. E., but did not administer this medication to the patient. Licensee signed out Ativan at 11:00 p.m. for patient J. G., but did not administer this medication to the patient. Licensee signed out Percocet at 10:00 p.m., 3:00 a.m., and 6:30 a.m. for patient N. D., but did not administer this medication to the patient. On November 21, 2008, Licensee submitted to a drug screen and tested positive for opiates, cocaine and marijuana. On December 3, 2008, Licensee submitted to a drug screen and tested positive for amphetamine, methamphetamine, cocaine, marijuana and opiates. On March 27, 2009, Licensee submitted to a drug screen and tested positive for marijuana and opiates.
Revoked 6/13/2011

Jensen, Gina R.
Hallsville, MO
Registered Nurse 114633
Licensee was working on January 20, 2008. Licensee consumed alcohol while at work on January 20, 2008 by drinking all morning from a coffee cup that contained alcohol. Licensee's consumption of alcohol on January 20, 2008 impaired her ability to perform her functions as an RN.
Revoked 6/13/2011

Miller, Nicole K.
Troy, IL
Registered Nurse 124445
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was required to submit a sample that day. Respondent failed to call in to NTS on thirty-six (36) days. On April 5, 2011, Respondent called and was advised that she had been selected for screening. Respondent failed to report to a collection site. Respondent was required to submit employer evaluations from every employer. The Board did not receive an evaluation by the February 16, 2011 due date. Respondent was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement and have the results sent to the Board within ten working days after its completion. The Board never received a chemical dependency evaluation submitted on behalf of Respondent.
Revoked 6/13/2011

Krupp, Christina Louise
Owensville, MO
Registered Nurse 2001022453
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call in to NTS on 51 days. Respondent has not called NTS since March 1, 2011. Respondent was required to undergo a chemical dependency evaluation. The Board never received a chemical dependency evaluation.
Revoked 6/13/2011

Bosaw, Rachel Nicole
Saint Louis, MO
Registered Nurse 2007007044
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit a sample that day. Respondent failed to call in to NTS on thirteen (13) days. On October 5, 2010, December 17, 2010 and January 12, 2011, Respondent called NTS and was advised that she had been selected to provide a sample. Respondent failed to report to a collection site. Respondent was required to submit employer evaluations from every employer. The Board did not receive an employer evaluation by the December 1, 2010 and the March 1, 2011 due dates. Respondent was to submit evidence of regular attendance at AA, NA or other support group meetings. Respondent failed to submit evidence of attendance by the December 1, 2010 and March 1, 2011 due dates.
Revoked 6/15/2011

Williams, Crystal R.
Saint Louis, MO
Licensed Practical Nurse 2000144144
Respondent was required to contract with NTS and participate in random screenings. Respondent was to complete the NTS drug screen contract to NTS within twenty days. Respondent never completed a contract with NTS.
Revoked 6/13/2011

Birkemeier, Christine M.
Wentzville, MO
Registered Nurse 112310
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was to complete the contract within twenty days. Respondent completed the registration process but failed to make payment arrangements.
Revoked 6/15/2011

Harmon, Erinn Marie
Sullivan, MO
Licensed Practical Nurse 2006006114
On November 2, 2008, Licensee stole vials containing morphine and then administered it to herself. On June 15, 2009, Licensee pled guilty in the Associate Circuit Court of Phelps County, Missouri, to the Class A misdemeanor of stealing. On April 19, 2010, in the Circuit Court of Crawford County, Missouri, Hannon pled guilty to the Class D felony of fraudulently attempting to obtain a controlled substance.
Revoked 6/13/2011

Kinkade, Linda F.
Billings, MO
Licensed Practical Nurse 032631
Licensee cared for a patient who fell. The patient received bruising on the left side of her head and was transported to the emergency room. Licensee failed to document the incident in the patient's chart. On that same date, seven fentanyl patches were discovered missing. Employees with access to the narcotics were asked to submit to a drug screen. Licensee's drug screen was positive for fentanyl. Licensee diverted fentanyl for her own personal use.
Revoked 6/13/2011

Rice-Baldree, Monica K.
Pleasant Hope, MO
Licensed Practical Nurse 048162
On December 6, 2008, Licensee diagnosed a patient as having a rash. The patient's grandmother informed Licensee that she had given the patient Benadryl for rashes in the past and the patient informed Licensee that she had taken Benadryl in the past. Licensee administered Benadryl to the patient without having received an order from a physician and without any physician authorization. Licensee failed to document the observation of the rash and the administration of Benadry in the patient's chart. Diagnosing and administering medications are outside the scope of practice for an LPN.
Revoked 6/13/2011

Hill, Tina Violet
Memphis, TN
Registered Nurse 2005004231
On December 5, 2008, the Arkansas Board of Nursing issued a cease and desist order prohibiting Hill from practicing nursing in the state of Arkansas. The order was based on Hill's diversion of narcotics while on duty.
Revoked 6/13/2011

Bennett, Marenda Fay
Bloomfield, MO
Licensed Practical Nurse 1999136942
On August 26, 2009, Licensee was caught carrying items of property, including clothing, medication, and supplies, from her employer to her car. The property belonged to the employer or to the employer's patients. That day, Licensee admitted that the items belonged to the employer and its patients. On November 25, 2009, Licensee pled guilty in the Associate Circuit Court of Scott County, Missouri, to two counts of theft/stealing.
Revoked 6/13/2011

Dillon, Crystal Eugenia
Mammoth Spring, AR
Licensed Practical Nurse 2006006055
Licensee diverted Duragesic patches for her personal consumption. On May 6, 2008, Licensee punctured 19 Duragesic patches to divert and personally consume the fentanyl inside. Licensee did not have a prescription for the Duragesic patches she diverted and consumed. On September 2, 2008, Licensee pled guilty to the Class D felony

REVOCATION continued on page 18

REVOCATION continued from page 17

of fraudulently attempting to obtain a controlled substance. On December 1, 2008, Licensee was placed on the EDL for a period of ten years.
Revoked 6/13/2011

Crafton, Sherilyn K.
Millstadt, IL
Registered Nurse 104997
Licensee was employed as an RN at a hospital in St. Louis, Missouri. Licensee acquired morphine, Percocet, oxycodone and fentanyl from the pharmacy without orders from a physician. Licensee failed to document all medication administered. Licensee was employed as an RN at another hospital in St. Louis, Missouri. After noticing a discrepancy between medications dispensed to Licensee by the pharmacy and the medications charted as administered to patients by Licensee, she was asked to submit to a drug test. Licensee tested positive for morphine, Valium and Vicodin.
Revoked 6/13/2011

Denney, Charity LeeAnn
Barnard, MO
Licensed Practical Nurse 2003025439
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent failed to complete the contract process with NTS. Respondent was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board within ten working days after its completion. The Board has never received a thorough chemical dependency evaluation.
Revoked 6/13/2011

Teal, Amanda Dannielle
Springfield, MO
Registered Nurse 2003018695
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was to complete the NTS drug screen contract within twenty days of the effective date of the Agreement. Respondent has never completed the contract process with NTS. Respondent was required to undergo a chemical dependency evaluation within six weeks and have the results sent to the Board within ten working days after its completion. The Board has never received a thorough chemical dependency evaluation.
Revoked 6/13/2011

Schuerger, Bonnie Marie
Oxly, MO
Licensed Practical Nurse 2003023657
Respondent was required to meet with representatives of the Board at regular intervals. Respondent was advised by certified mail to attend a meeting with the Board. Respondent did not attend the meeting or contact the Board to reschedule. Respondent was required to contract with NTS and participate in random screenings. Respondent was to complete the NTS drug screen packet and submit the completed contract to NTS within twenty days. Respondent has never completed the contract process with NTS. Respondent was required to keep her nursing license current. Respondent's license expired on May 31, 2010 and remains lapsed at this time.
Revoked 6/13/2011

Nunnelly, Armel LaCreed
Fulton, MO
Licensed Practical Nurse 2007037666
Respondent was required to submit employer evaluations from every employer. The Board did not receive an employee evaluation by the December 1, 2010 or the March 1, 2011 documentation due dates.
Revoked 6/13/2011

Setzer, Rachel Marie
Steelville, MO
Licensed Practical Nurse 2007029545
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was to complete the NTS drug screen contract within twenty days. Respondent never completed the contract process with NTS. Respondent was required to undergo a chemical dependency evaluation within six weeks and have the results sent to the Board within ten working days after its completion. The Board never received a chemical dependency evaluation.
Revoked 6/13/2011

Again-Hirst, Sallie Jean
Boonville, MO
Licensed Practical Nurse 2003026464
In January 2008, Licensee served as an agency nurse for a nursing home. On January 22, 2008, at 6:00 a.m., Licensee failed to administer medications to and failed to do finger sticks or sliding scale insulin for her patients. Licensee failed to give an assessment of her patients.
In February 2008, Licensee served as an agency nurse at a hospital. On February 26, 2008, Licensee was assigned to the cardiac step down unit and began working after receiving orientation. She was told to do assessments of her patients, chart the assessments and give medications. She was given instructions on how to chart all the vital signs and assessments. Licensee failed to complete the first and second assessments of the patient. Licensee's patient charts were reviewed again in the afternoon. She had again failed to document assessments of her patients. Licensee was assigned to another patient that had returned from a surgical procedure and needed to have vital signs and assessments completed frequently. Licensee failed to check on the patient and failed to perform assessments and frequent checks of the patient's vital signs. Licensee failed to administer medication to the patients assigned to her.
On February 29, 2008, Licensee served as an agency nurse for another hospital. Licensee started an IV for a patient that she failed to cap. Licensee was instructed to take the vital signs of her patients, but she acted as if she did not know how to do that.

REVOCATION Continued...

On March 29, 2008, Licensee served as an agency nurse for a nursing home. She was responsible for administering medications to residents. At 7:15 p.m., several residents reported that they had not received their medications or their 5:00 p.m. insulin. A review revealed that 75% of the residents had failed to receive their 5:00 p.m. medications. Licensee had not signed out medications for the residents or given them to the residents at the time prescribed.
Licensee was asked to submit to a drug test in April 2008. It was positive for marijuana.
In July 2009, Licensee was employed with a residential care center. On July 23, 2009, resident B. M. was sick and was refusing to take his medication. Licensee put B. M.'s medication into a syringe with water, and attempted several times to give him the medication orally. She told him she would squirt him in the face with the medication. Licensee put a towel on B. M.'s chest and squirted the contents of the syringe onto his face. She slapped B. M. on the back and called him an old fool.
Revoked 6/13/2011

Nave, Angela Dawn
Lawson, MO
Licensed Practical Nurse 2004021966
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent never completed the contract process with NTS. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the documentation due date.
Revoked 6/13/2011

Williams, Sandra L.
Saint Louis, MO
Registered Nurse 144698
Licensee was a charge nurse during the night shift. Nurses were not allowed to administer medication on the night shift. CMTs administered the "by mouth" medications. On December 23, 2006, Licensee was assigned to work with a CMT. Licensee took the keys from the medication cart when Licensee had no reason to do so. Patient E. S.'s Percocet tablets were kept in the locked medication cart. On December 27, 2006, 42 of E. S.'s Percocet tablets were missing. Licensee failed to accurately document all medication withdrawn and/or administered.
On February 17, 2009, while at work, Licensee consumed five Vicodin. Licensee was groggy and impaired during her shift. Licensee diverted Vicodin from her employer.
Revoked 6/13/2011

McCormick, Shyla Lynn
Mammoth Spring, AR
Licensed Practical Nurse 2003000476
Licensee worked at a hospital from December 2002 through October 2008. Although Licensee was not the nurse assigned to care for I. S., Licensee accessed the Pyxis and withdrew Vicodin for I. S. without a physician's order. Licensee made no documentation to indicate whether the Vicodin was administered to I. S. Later that evening, Licensee again accessed the Pyxis, withdrew Vicodin for I. S. without a physician's order and failed to document whether the Vicodin was administered to I. S. Licensee was assigned to care for patient K. H. Licensee documented in K. H.'s chart at 2:00 a.m. that she wanted to go home and didn't hurt anymore. There was no physician's order in K. H.'s chart to administer Vicodin, but Licensee accessed the Pyxis and withdrew Vicodin for K. H. Licensee made no documentation to indicate if the Vicodin was administered to K. H. Licensee was also assigned to care for M. S. Licensee accessed the Pyxis and withdrew Vicodin for M. S. Licensee made no documentation to indicate if the Vicodin was administered to M.S. Licensee was not the nurse assigned to care for K. T. on October 5, but she accessed the Pyxis and withdrew Vicodin for K. T. without a physician's order. Licensee made no documentation to indicate if the Vicodin was administered to K. T. Licensee was not the nurse assigned to care for C. C. but she accessed the Pyxis and withdrew Vicodin for C. C. Licensee made no documentation to indicate if the Vicodin was administered to C. C. Licensee was assigned to care for J. S. At 2:00 a.m. and at 4:00 a.m., Licensee indicated that J. S.'s level of pain was zero. Although there was no physician's order for Vicodin, Licensee accessed the Pyxis and withdrew Vicodin for J. S. Licensee made no documentation to indicate if the Vicodin was administered to J. S. Licensee was assigned to care for A. P. She reported A. P. to be asleep at 5:30 a.m. Licensee accessed the Pyxis and withdrew Vicodin for A. P. Licensee made no documentation to indicate if the Vicodin was administered to A. P. Licensee was not the nurse assigned to care for L. Y., but she accessed the Pyxis and withdrew Vicodin for L. Y . Licensee made no documentation to indicate if the Vicodin was administered to L. Y. Licensee was not the nurse assigned to care for T. L., but she accessed the Pyxis and withdrew Vicodin for T. L. without a physician's order. Licensee made no documentation to indicate if the Vicodin was administered to the patient. Licensee was assigned to care for S. C. S. C. was discharged from OMC on October 12 at 7:25 a.m. On October 12 at 7:32 a.m. and again at 8:52 a.m., Licensee accessed the Pyxis and withdrew Vicodin for S. C. On October 15 at 9:45 p.m. and 10:45 p.m., Licensee indicated that E. M.'s level of pain was zero. Licensee was not assigned to care for E. M. on that date, but Licensee accessed the Pyxis and withdrew Vicodin for E. M. There was no physician's order in E. M.'s chart for Vicodin, and Licensee made no documentation to indicate if the Vicodin was administered to E. M. On October 24, Licensee accessed the Pyxis system and removed Vicodin for O. T. O. T. had previously been a patient at OMC, but was neither a patient nor in the hospital on that date. On October 26, S. B. was not a patient at OMC, but Licensee accessed the Pyxis and withdrew Vicodin for S. B. Licensee diverted Vicodin for her own personal use.
Revoked 6/13/2011

REVOCATION Continued...

Vasquez, Tracie Diane
Saint Louis, MO
Registered Nurse 2006007016
On March 24, 2009, a nurse called the director of nursing about a large wound on the ankle of a resident, E. H. There was no record of treatment ordered for that area of E. H.'s ankle, but it had fresh dressings on it. Licensee worked the night shift and was responsible for the care of E. H. She denied knowing anything about a dressing placed on E. H.'s ankle wound. A CNA worked with Licensee on night shifts. She notified Licensee on March 20, 2009 about the wound on E. H.'s ankle. Another CNA saw Licensee attending to E. H.'s ankle wound in the dining hall around 8:00 a.m. on March 20, 2009. Licensee did not notify a physician or anyone else about E. H.'s wound. She did not document the wound or treatment of it in E. H.'s medical records.
Personnel noticed in January 2007 that Licensee had withdrawn more Demerol, Percocet and Vicodin than her co-workers. These narcotics were not properly documented in that Licensee was withdrawing higher dosages than ordered and then failing to document wasting the remaining medication. On February 14, 2007, Licensee was confronted regarding these discrepancies. Licensee began to cry and pulled several vials of morphine from her pocket. She admitted that she had been using the narcotics for her back pain. Licensee submitted to a urine drug screen. She tested positive for Oxycodone.
Revoked 6/13/2011

Landrum, Patricia L.
Bellflower, MO
Licensed Practical Nurse 2000150898
On July 10, 2006, Landrum pled guilty to abandonment of a corpse, a Class D felony.
Revoked 6/13/2011

Esterley, Gabriel Todd
Grain Valley, MO
Licensed Practical Nurse 2001009035
Respondent was required to undergo a chemical dependency evaluation. The Board has never received a chemical dependency evaluation. Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent has never completed the contract process with NTS.
Revoked 6/13/2011

Voss, Mary Frances
Marshfield, MO
Registered Nurse 2006022234
Discrepancies were noted in Licensee's charting in January 2009. A review of her patients' charts for that month was conducted. The charts revealed discrepancies between the documentation and administration of medications. On January 7, 2009, Licensee removed 600 mcg of fentanyl for a patient, but documented the administration of 500 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg. On January 7, 2009, Licensee removed 25 mg of Demerol for a patient, but documented the administration of 12.5 mg of the Demerol. There was no documentation of waste or administration of the remaining 12.5 mg. On January 8, 2009, Licensee removed 200 mcg of fentanyl for a patient, but documented the administration of 100 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg of fentanyl. On January 8, 2009, Licensee removed 25 mg Demerol for a patient, but documented the administration of 12.5 mg of the Demerol. There was no documentation of waste or administration of the remaining 12.5 mg of Demerol. On January 15, 2009, Licensee removed 400 mcg of fentanyl for a patient, but documented the administration of 300 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg of the fentanyl. On January 23, 2009, Licensee: a. Removed 400 mcg of fentanyl for a patient, but documented the administration of only 300 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg of the fentanyl; b. Removed 100 mcg of fentanyl for a patient, but documented the administration of 50 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 50 mcg of the fentanyl; c. Removed 25 mg of Demerol for a patient, but documented the administration of 12.5 mg of the Demerol. There was no documentation of waste or administration of the remaining 12.5 mg of the Demerol; d. Removed 100 mcg of fentanyl for a patient, but did not document the waste or administration of any of the 100 mcg of the fentanyl. On January 29, 2009, Licensee removed 300 mcg of fentanyl for a patient, but documented the administration of 200 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 100 mcg of the fentanyl. On January 30, 2009, Licensee: a. Removed 300 mcg of fentanyl for a patient, but documented the administration of 250 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 50 mcg of the fentanyl; b. Removed 200 mcg of fentanyl for a patient, but documented the administration of 150 mcg of the fentanyl. There was no documentation of waste or administration of the remaining 50 mcg of the fentanyl; c. Removed 25 mg of Demerol for a patient, but documented the administration of 12.5 mg of the Demerol. There was no documentation of waste or administration of the remaining 12.5 mg of the Demerol. Licensee did not have a valid prescription for either Demerol or Fentanyl. She diverted both from her employer.
Revoked 6/13/2011

VOLUNTARY SURRENDER continued on page 18

VOLUNTARY SURRENDER continued from page 18

VOLUNTARY SURRENDER

Bracken, Kelly S.
Rolla, MO
Registered Nurse 104629
Licensee self reported that on August 13, 2007, Licensee obtained a bottle of Halothane from his employer and went into the men's locker room and inhaled the Halothane through a piece of toilet paper. Licensee self-reported that on December 13, 2007, Licensee opened a bottle of Halothane and inhaled some of the anesthetic.
Voluntary Surrender 6/14/2011

Shelton, Kathy Lynne
Locust Grove, OK
Registered Nurse 120475
On June 13, 2011, Licensee surrendered her Missouri nursing license.
Voluntary Surrender 6/13/2011

Pittman, Cara Ida
Clinton, MO
Licensed Practical Nurse 2005031890
On September 16, 2010, Licensee transcribed an order written as Keflex 500 mg TID (three times a day) for seven days onto the medication administration record as Keflex 500 mg BID (two times a day) for seven days. On September 20, 2010, Licensee noted an order had been received but did not transcribe it to the medication administration record. On September 24, 2010, Licensee transcribed an order written as Percocet 7.5/325 once every six hours PRN as Percocet 7.5/500 once every six hours PRN. On September 25, 2010, Licensee received an order for Cefzil. Licensee transcribed the order as Cipro on the medication administration record. On September 25, 2010, Licensee transcribed an order for Metronidazole 500 mg onto the treatment administration record instead of on the medication administration record. On September 26, 2010, Licensee inserted a foley catheter with no urine return. A second nurse discovered that the catheter was improperly inserted, inserted a new catheter and immediately received 900 ml of urine return. On the same patient, Licensee failed to document bruises that were clearly visible. On September 29, 2010, Licensee administered Amoxicillin 250 mg to a patient. The order was for Amoxicillin 500 mg.
Voluntary Surrender 8/29/2011

Hull, Janet L.
Fulton, MO
Licensed Practical Nurse 052618
Licensee, when interacting with co-workers and when dealing with combative or non-cooperative patients at the Hospital, failed to consistently use best nursing judgment. Licensee, when dealing with combative or non-cooperative patients at the facility, failed to consistently use best nursing judgment.
Voluntary Surrender 8/29/2011

Hoeflicker, Samantha Ann
Shelbina, MO
Licensed Practical Nurse 2003021369
On June 13, 2011, Licensee voluntarily surrendered her MIssouri nursing license.
Voluntary Surrender 6/13/2011

Shepherd, Karen T.
Savannah, MO
Registered Nurse 113637
On January 23, 2009, Licensee failed to administer Olanzapine and Proranolol to a patient as ordered. On May 4, 2009, Licensee administered Clonazepam to a patient when the order was for Ativan. On June 5, 2009, Licensee administered Metformin to a patient when the order was for Glucosamine. On February 4, 2010, Licensee did not administer Ativan to a patient as ordered. On April 9, 2010, Licensee administered Humulin insulin when the order was for Humulog insulin. On October 25, 2010, Licensee administered Haldol Decanoate when the order was for Prolixin Decanoate.
Voluntary Surrender 7/12/2011

Younger, Bernetta L.
Maryville, MO
Registered Nurse 023282
Licensee was the owner/administrator of a level III group home contracted with the Department of Mental Health. Licensee also worked in the facility as a registered professional nurse. In 2006 and 2007, Licensee failed to provide adequate and appropriate care for patients living at the facility.
Voluntary Surrender 6/1/2011

Surface, Athena L.
California, MO
Licensed Practical Nurse 2000169226
Licensee was assigned through a home health agency to provide nursing services for a family with two special needs children. On June 28, 2007, Licensee removed a bank card belonging to C. B., one of the special needs children, without permission. Licensee used C. B.'s debit card to purchase items from a convenience store. On November 20, 2007, Licensee pled guilty to Fraudulent Use of a Credit/Debit Device in the Circuit Court of Boone County, Missouri.
Licensee was employed at a skilled nursing facility from January 2009 until June 2009. An audit revealed discrepancies in Licensee's charting of Methadone. Licensee admitted that she was ingesting Methadone for a previous addiction to pain medications.
Licensee was employed at a skilled nursing facility. On March 25, 2010, the charge nurse had checked a patient's Fentanyl patches to make sure they were still intact. The charge nurse observed the oncoming nurse, Licensee, walking down the hall towards the nurse's station. The charge nurse decided to check the resident

VOLUNTARY SURRENDER Continued...

again. The 75 mcg patch had been removed. The resident advised the charge nurse that 'the other nurse came in and did something with the patch'.
Licensee was employed at a skilled nursing facility from November 2010 through January 2011. Licensee would document that two pills were given, but the patient would only receive one pill. When discussed with licensee, the pattern stopped for a few days and then started again. It was also mentioned that some items were missing and the police were going to be contacted. The next day Licensee called in sick. A search of Licensee's vehicle found blank checks belonging to a patient at the facility, photocopies of another patient's checks, pieces of jewelry belonging to residents and receipts from pawn shops for items belonging to residents at the facility.
Voluntary Surrender 7/7/2011

Hughes, Richard Hofmann, Jr.
Crystal City, MO
Registered Nurse 2007018333
On July 22, 1993, Licensee pled guilty to the Class A Misdemeanor of 'Criminal Sexual Abuse' in the Circuit Court for the Fourth Judicial Circuit of Marion County, Illinois.
Voluntary Surrender 6/27/2011

Slate, Lynda K.
Lenzburg, IL
Registered Nurse 114603
On June 27, 2011, Licensee surrendered her Missouri nursing license.
Voluntary Surrender 6/27/2011

Mcentire, Loretta K.
Desloge, MO
Licensed Practical Nurse 040110
On June 27, 2011, Licensee surrendered her Missouri nursing license.
Voluntary Surrender 6/27/2011

Johnson, Laura Lynn
Columbia, MO
Licensed Practical Nurse 2002025126
Licensee was asked to submit to a urine drug screen. The screen was positive for hydromorphone and morphine.
Voluntary Surrender 6/14/2011

Myers, Starla Dawn
Maryville, MO
Licensed Practical Nurse 2003029293
On February 14, 2011, Licensee pled guilty to two counts of the Class C Felony of Possession of a Controlled Substance in the Circuit Court of Nodaway County, Missouri.
Voluntary Surrender 6/1/2011

The Board of Nursing is requesting contact from the following individuals:

Elaina Bentrup–RN 2008008474
Carrie Berry-Moyer–PN051027
Sonjia Cahill–RN138397
JoAnn Gaylor–RN130431
Jamie Henke–RN110458
Debra Gundry–PN047615
Denise Filla–PN2004001920
Michael Marcum–RN2002019966
Karen Mayoral–RN 2005037769
Carolyn Sargent–PN054569
Martha Witcher–RN081502

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov